#### Case 19-46192 Doc 1 Filed 10/02/19 Entered 10/02/19 13:47:06 Main Document Pg 1 of 100

Fill in this information to identify your case:	
United States Bankruptcy Court for the: Eastern District of Missouri	
Case number (If known):	Chapter you are filing under:  Chapter 7  Chapter 11  Chapter 12  Chapter 13

CENTED PLAN
0019 00T -2 PH 1:01
(基本) (2.1 (2.1 (2.1 (2.1 (2.1 (2.1 (2.1 (2.1
Check if this is an amended filing

Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your	DANITA	
	government-issued picture identification (for example, your driver's license or	First name	First name
	passport).	Middle name	Middle name
	Bring your picture	SMITH	
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
	All officers		
2.	All other names you have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
CC1/2070			
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>8</u> <u>1</u> <u>4</u> <u>7</u>	xxx - xx
	number or federal	OR	OR .
	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx

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Debtor Case number (if know **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer **Identification Numbers** (EIN) you have used in MY BLOOMING HEALTH MOBILE LLC the last 8 years Business name Business name Include trade names and doing business as names Business name Business name 6 EIN Where you live If Debtor 2 lives at a different address: 11630 HELENOAK Number Number Street Street **BLACK JACK** MO 63033 ZIP Code City State ZIP Code State ST LOUIS COUNTY County County If your mailing address is different from the one If Debtor 2's mailing address is different from above, fill it in here. Note that the court will send yours, fill it in here. Note that the court will send any notices to this mailing address. any notices to you at this mailing address. Number Street Number Street P.O. Box P.O. Box City City State ZIP Code State ZIP Code 6. Why you are choosing Check one: Check one: this district to file for Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, bankruptcy I have lived in this district longer than in any I have lived in this district longer than in any other district. other district. ☐ I have another reason. Explain. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) (See 28 U.S.C. § 1408.)

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Debtor 1

Dan	uta	10	nn S	5,	$\bigwedge_{\Lambda}$	4	1
First Name	Middle Name	M	Last Nam	ىر	$\mathcal{M}$	7	<u> </u>

Case number (it known)		

ы	1 ell the Court Abou	t rour b	ankrup	itcy Gase				
7.	The chapter of the Bankruptcy Code you			a brief description of ea Form 2010)). Also, go to			U.S.C. § 342(b) for Individuals Filing ne appropriate box.	
	are choosing to file under	☑ Chapter 7 ☐ Chapter 11						
	under							
		☐ Cha	oter 12					
		☐ Cha	oter 13					
	manana manang araw ya 1924 kata ya 1924 kata na kata n	. *	eg 1 y = 1 = 1	and the second second second		and it was to a residence out the entire		
8.	How you will pay the fee	local your subn with	court for self, you nitting you a pre-ped to partication	or more details about u may pay with cash, rour payment on your rinted address.  ay the fee in installing for Individuals to Pay	thow you m cashier's c behalf, you nents. If you The Filing	ay pay. Typicall heck, or money ir attorney may p u choose this op Fee in Installme	eck with the clerk's office in your ly, if you are paying the fee order. If your attorney is pay with a credit card or check otion, sign and attach the ints (Official Form 103A).	
		By la less pay t	w, a jud than 15 the fee	dge may, but is not re 50% of the official pov	equired to, verty line that u choose th	vaive your fee, a at applies to you is option, you m	ion only if you are filing for Chapter 7. and may do so only if your income is in family size and you are unable to just fill out the Application to Have the with your petition.	
9.	Have you filed for	☑ No						
	bankruptcy within the last 8 years?	☐ Yes.	District		When		Case number	
	idot o youro.						Case number	
			District		When	MM / DD / YYYY	Case number	
			District		When		Case number	
						MM / DD / YYYY		
10.	Are any bankruptcy	☑ No						
	cases pending or being filed by a spouse who is	☐ Yes.	Debtor				Relationship to you	
	not filing this case with you, or by a business partner, or by an affiliate?		District		When	MM/DD/YYYY	Case number, if known	
	annate;		Debtor				Relationship to you	
							Case number, if known	
****						MM / DD / YYYY		
11.	Do you rent your residence?	☑ No. ☐ Yes.	☐ No.	ur landlord obtained an . Go to line 12. s. Fill out <i>Initial Stateme</i> .	nt About an E		? t Against You (Form 101A) and file it as	
			par	t of this bankruptcy petit	lion.			

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De	btor 1 First Name Middle Nam	<u>ly</u>	AUS MALASI Name	<u> </u>	Case number (##	known)	
Pa	art 3: Report About Any B	usiness	es You Own as a Sol	le Proprieto	r		
12.	Are you a sole proprietor of any full- or part-time business?  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it	_	MY BLOOMING HE Name of business, if any 11630 HELENOAK Number Street		ILE LLC	63033	
	to this petition.		City		State	ZIP Code	
			Check the appropriate by  Health Care Busines  Single Asset Real Es  Stockbroker (as define)  Commodity Broker (as  None of the above	s (as defined i state (as define ned in 11 U.S.	n 11 U.S.C. § 101(27A) ed in 11 U.S.C. § 101(5 C. § 101(53A))	••	
	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	most recany of the Most recan set at the Most reconstruction set at	e filing under Chapter 11, appropriate deadlines. If y pent balance sheet, stater lesse documents do not extend to the state of the sta	you indicate the ment of operate wist, follow the pter 11.  11, but I am I	at you are a small busitions, cash-flow statement procedure in 11 U.S.C. NOT a small business of small business of small business debtor	ness debtor, you rent, and federal inc. § 1116(1)(B).  debtor according to according to the control of the federal fed	nust attach your come tax return or if the definition in the
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?	☑ No ☐ Yes.	What is the hazard?  If immediate attention is  Where is the property?	s needed, why	is it needed?		
				City		State	ZIP Code

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Danta Lynn Smd
First Name Middle Name Last Name

Case number (if known)

Part 5:

Debtor 1

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit couns eling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required	to	receive	а	briefing	abou
credit counseling					

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit
counseling agency within the 180 days before
filed this bankruptcy petition, and I received a
certificate of completion

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required t	o receive a	briefing	about
credit counseling			

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Del	otor 1 First Name Middle Name	e Jast Name DVN. K	Case number (	(if known)
Pa	art 6: Answer These Ques	stions for Reporting Purposes		
16.	What kind of debts do you have?	16a. Are your debts primarily as "incurred by an individual p	consumer debts? Consumer or consumer debts?	debts are defined in 11 U.S.C. § 101(8) nousehold purpose."
	you nave:	No. Go to line 16b. Ves. Go to line 17.		
		16b. Are your debts primarily money for a business or inves	business debts? Business de trent or through the operation of	bts are debts that you incurred to obtain the business or investment.
		<ul><li>☐ No. Go to line 16c.</li><li>☐ Yes. Go to line 17.</li></ul>		
		16c. State the type of debts you ov	ve that are not consumer debts or	business debts.
17.	Are you filing under Chapter 7?	☐ No. I am not filing under Chap	ter 7. Go to line 18.	rekens en verske stade en ner meter skiente skriver en maket in tal en en en værer en skie statistik APASAN sk
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under Chapter administrative expenses a  No Yes	7. Do you estimate that after any e ire paid that funds will be available	exempt property is excluded and e to distribute to unsecured creditors?
18.	How many creditors do you estimate that you owe?	✓ 1-49 □ 50-99 □ 100-199 □ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000
19.	How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion
20.	How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 ☑ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion
Pa	rt 7: Sign Below			
Fo	or you	correct.  If I have chosen to file under Chap	ter 7, I am aware that I may proce	that the information provided is true and ed, if eligible, under Chapter 7, 11,12, or 13
		under Chapter 7.	iderstand the relief available unde	er each chapter, and I choose to proceed
		If no attorney represents me and I this document, I have obtained and		one who is not an attorney to help me fill out .S.C. § 342(b).
		I request relief in accordance with	•	·
		I understand making a false staten with a bankruptcy case can result in 18 D.S.C. §§ 152, 1341, 1519, and	in fines up to \$250,000, or impriso f 3571.	ining money or property by fraud in connection inment for up to 20 years, or both.
		Signature of Debter 1	✓ ×	ature of Debtor 2
		Signature of Debtor 1  Executed on O	210	ature of Debtor 2
sirīja,		MM / DD /YYY	YY	MM / DD /YYYY

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Debtor 1 First Name Middle Name	a Lynn Suth	Case number (if known)	
For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named in this pet to proceed under Chapter 7, 11, 12, or 13 of title available under each chapter for which the persot the notice required by 11 U.S.C. § 342(b) and, in knowledge after an inquiry that the information in	11, United States Code, and have explained the n is eligible. I also certify that I have delivered a case in which § 707(b)(4)(D) applies, certify	ne relief to the debtor(s) that I have no
	Signature of Attorney for Debtor	MM / DD /Y	YYY
	Printed name Firm name		
	Number Street		
	City	State ZIP Code	
	Contact phone	Email address	
	Bar number	State	

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Debtor 1 Riest Manne Wast Name SMAM

Case number (if known)\_\_\_\_\_

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious acconsequences?	ction with long-term financial and legal
<b>☑</b> Yes	
Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or impriso	, ,
☑ Yes	
Did you pay or agree to pay someone who is not an at  ☑ No ☑ Yes. Name of Person	torney to help you fill out your bankruptcy forms?
Attach Bankruptcy Petition Preparer's Notice, De	eclaration, and Signature (Official Form 119).
By signing here, I acknowledge that I understand the r have read and understood this notice, and I am aware attorney may cause me to lose my rights or property if	,
101	, ,
101	I do not properly handle the case.
e Letector	I do not properly handle the case.
Signature of Debtor 1	Signature of Debtor 2
Signature of Debtor 1  Date    Date   Do / 20   9   9   9   9   9   9   9   9   9	Signature of Debtor 2  Date  MM / DD / YYYY
Signature of Debtor 1  Date    Date   Do / 20   9	Signature of Debtor 2  Date  MM / DD / YYYY  Contact phone

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Fill in this information to identify your case:					
Debtor 1	DANITA SM	Niddle Name	Last Name		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing	) First Name	Middle Name	Last Name		
United States	Bankruptcy Court	for the: Eastern District of Miss	souri		
Case number	(if known)				

☐ Check if this is an amended filing

12/15

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)     1a. Copy line 55, Total real estate, from Schedule A/B	\$90,000.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$2,000.00
1c. Copy line 63, Total of all property on Schedule A/B	\$92,000.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
<ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol>	\$90,000.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 392,232.37
Your total liabilities	\$ 392,232.37
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$2,500.00
Schedule J: Your Expenses (Official Form 106J)     Copy your monthly expenses from line 22c of Schedule J	\$3,971.00
	THE CONTRACT OF THE PARTY OF TH

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De	ebtor 1		ase number (if known)	
		First Name Last Name		
P	Part 4:	Answer These Questions for Administrative and Statistical Records	S	
6.	Are vou	filing for bankruptcy under Chapters 7, 11, or 13?		
	-	You have nothing to report on this part of the form. Check this box and submit this i	form to the court with your other	r nahadulan
	☑ No. ☑ Yes	rou have nothing to report on this part of the form. Check this box and submit this i	ionitio the court with your other	i scriedules.
7.	. What kir	id of debt do you have?	त थ. ६ त्याच प्रकार त्यात पात्र स्थान स	ikan mengali mengalikan pilangan sebagai kan pengalikan dan demakan di persakan dianggan dalam
	<b>☑</b> You famil	r debts are primarily consumer debts. Consumer debts are those "incurred by ary, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpo	n individual primarily for a perso oses. 28 U.S.C. § 159.	onal,
		debts are not primarily consumer debts. You have nothing to report on this particular to the court with your other schedules.	rt of the form. Check this box ar	nd submit
8.	. From th	e Statement of Your Current Monthly Income: Copy your total current monthly in	ncome from Official	\$ 2,500.00
	FUIII 12	2A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.		\$2,300.00
TO A	त्मकास्य । स्वरूपत्मकार ११ व	יין די	ישרו יותר שרים, ופניר מית ומשבט מינו להיו אחריני ביותר ויהיה נוחדים ביותר ביותר ביותר ביותר ביותר.	יים אם מיומים לאור אור מודים לאור מודים לאור אור אור איני אינים אורים אורים אורים איני איניים
9.	. Copy the	e following special categories of claims from Part 4, line 6 of Schedule E/F:		
			Total claim	
	From	Part 4 on <i>Schedule E/F</i> , copy the following:		
	9a. Dom	estic support obligations (Copy line 6a.)	\$	
	9b. Taxe	s and certain other debts you owe the government. (Copy line 6b.)	\$	
	9c. Clain	ns for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	
	9d. Stud	ent loans. (Copy line 6f.)	\$	
	9e. Obliç prior	ations arising out of a separation agreement or divorce that you did not report as ty claims. (Copy line 6g.)	\$	
	9f. Debt	s to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+</b> \$	
	9g. <b>T<i>o</i>ta</b>	I. Add lines 9a through 9f.	\$0.00	

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Fill in this information to identify your case and th	is filing:		
DANITA SMITH			
First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: Eastern District of	Missouri		
Case number		_	_
			Check if this is an amended filing
000 1 15 400 15			amended limig
Official Form 106A/B			
Schedule A/B: Proper	ty		12/15
category where you think it fits best. Be as comp responsible for supplying correct information. If I write your name and case number (if known). Ans	ns. List an asset only once. If an asset fits in more lete and accurate as possible. If two married people nore space is needed, attach a separate sheet to the ower every question.  J. Land, or Other Real Estate You Own or Have the control of the	e are filing together, bo iis form. On the top of a	th are equally
Do you own or have any legal or equitable inter	est in any residence, building, land, or similar prop	erty?	
□ No. Go to Part 2.		•	
☑ Yes. Where is the property?	Milest in the manner of 2 October 1981		
44000 HELENOAK	What is the property? Check all that apply.  Single-family home	Do not deduct secured cla the amount of any secured	
1.1. 11630 HELENOAK Street address, if available, or other description	<ul> <li>Duplex or multi-unit building</li> </ul>	Creditors Who Have Clain	ns Secured by Property.
-,	☐ Condominium or cooperative ☐ Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
	Wiandiactured of mobile nome     Land	s 60000	\$ 90000
BLACK JACK MO 63033	Investment property	D	
City State ZIP Code	Timeshare Other	Describe the nature of interest (such as fee	simple, tenancy by
	Who has an interest in the property? Check one.	the entireties, or a life	e estate), if known.
ST LOUIS	Debtor 1 only		
County	Debtor 2 only	Obesk Kabis is se	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Check if this is co (see instructions)	mmunity property
	Other information you wish to add about this it	tem, such as local	
Maria and a same and a same as	property identification number:		
If you own or have more than one, list here:	What is the property? Check all that apply.	5	
	☐ Single-family home	Do not deduct secured cla the amount of any secured	d claims on <i>Schedule D:</i>
1.2. Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clain	
	☐ Condominium or cooperative ☐ Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
	Land	\$	\$
	Investment property	Describe the nature of	of your ownership
City State ZIP Code	☐ Timeshare ☐ Other	interest (such as fee	simple, tenancy by
	Who has an interest in the property? Check one.	the entireties, or a life	e estate), if known.
	Debtor 1 only		
County	Debtor 2 only		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Check if this is co (see instructions)	mmunity property
	Other information you wish to add about this ite		
	property identification number:		

Official Form 106A/B

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Debtor 1	DANITA SMITH First Name Middle Name Last Name	Case number (if k	known)	
		What is the property? Check all that apply.	Do not deduct secured cla	aims or exemptions Put
1.3.	Other transfer of the transfer	☐ Single-family home	the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
	Street address, if available, or other description	☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
		Land	\$	\$
		☐ Investment property	Describe the nature of	of vour ownership
	City State ZIP Code	☐ Timeshare ☐ Other	interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.	·	
	O	Debtor 1 only		
	County	Debtor 2 only	<b>—</b>	
		☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Check if this is co (see instructions)	mmunity property
		Other information you wish to add about this ite property identification number:		
V44 4	he dellar value of the portion you own for a	Il of your antring from Part 4 including any antring	o for no soo	0000
		II of your entries from Part 1, including any entries		\$9000
o you (	Describe Your Vehicles  own, lease, or have legal or equitable interes	st in any vehicles, whether they are registered or	not? Include any vehicle:	s
ou own . Cars, ☑ N	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles	st in any vehicles, whether they are registered or a e, also report it on Schedule G: Executory Contracts a s, motorcycles	not? Include any vehicles and Unexpired Leases.	S
Oo you o	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles	e, also report it on Schedule G: Executory Contracts	<b>not?</b> Include an <b>y</b> vehicles and Unexpired Leases.	S
o you o ou own . Cars,	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles	e, also report it on Schedule G: Executory Contracts of motorcycles  Who has an interest in the property? Check one.	and Unexpired Leases.  Do not deduct secured cla	aims or exemptions. Put
Oo you oou own Cars,  10 N	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles o	e, also report it on Schedule G: Executory Contracts of motorcycles  Who has an interest in the property? Check one.	and Unexpired Leases.	aims or exemptions. Put d claims on <i>Schedule D:</i>
ou own Cars,  21 N	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles oes	e, also report it on Schedule G: Executory Contracts of motorcycles  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only	and Unexpired Leases.  Do not deduct secured clathe amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property.
Oo you oou own Cars,  10 N	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles oes  Make:  Model:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	and Unexpired Leases.  Do not deduct secured clathe amount of any secure	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property.
ou own Cars,  21 N	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles oes  Make:  Model:  Year:	e, also report it on Schedule G: Executory Contracts of motorcycles  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on <i>Schedule D:</i> ms Secured by Property. <b>Current value of t</b> h
Oo you oou own Cars,  10 N	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles oes  Make:  Model:  Year:  Approximate mileage:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of th portion you own?
Cars,  Q N  3.1.	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles oes  Make:  Model:  Year:  Approximate mileage:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured clathe amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on <i>Schedule D:</i> <i>ns Secured by Property.</i> <b>Current value of th</b>
Oo you ou ou own Cars, M N N 3.1.	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles oes  Make:  Model:  Year:  Approximate mileage:  Other information:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of th portion you own?
Oo you oou own Cars, M N N 3.1.	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles oes  Make:  Model:  Year:  Approximate mileage:  Other information:  own or have more than one, describe here:  Make:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure	aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of th portion you own?  \$
Oo you oou own  Cars,  M N  Y  3.1.	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles of es  Make:  Model:  Year:  Approximate mileage:  Other information:  own or have more than one, describe here:  Make:  Model:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$
Cars,  Cars,  And N  3.1.	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles of es.  Make:  Model:  Year:  Approximate mileage:  Other information:  own or have more than one, describe here:  Make:  Model:  Year:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure Creditors Who Have Clair.  Current value of the	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$
Oo you oou own  Cars,  M N  Y  3.1.	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles of es  Make:  Model:  Year:  Approximate mileage:  Other information:  own or have more than one, describe here:  Make:  Model:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$

Official Form 106A/B Schedule A/B: Property page 2

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btor 1	DANITA SMITH First Name Middle Name	Last Name Case number (if k		
3.3.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	aims or exemptions. Put
5.5.	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clair	d claims on Schedule D
	Year:	Debtor 2 only	and the second of	and the second of the second of the second
	Approximate mileage:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of portion you own?
	Other information:	At least one of the debtors and another	, , ,	
	Cire mornation.	☐ Check if this is community property (see instructions)	\$	\$
	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	nima ar ayamatiana Du
3.4.	Model:	Debtor 1 only	the amount of any secure	d claims on <i>Schedule L</i>
		Debtor 2 only	Creditors Who Have Clair	ns Secured by Property
	Year:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of to portion you own?
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own:
	Other information:		¢	\$
		☐ Check if this is community property (see instructions)	φ	Φ
	<i>ples:</i> Boats, trailers, motors, persona o	and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accesso		
Exam <b>√1</b> N	<i>ples:</i> Boats, trailers, motors, persona o	l watercraft, fishing vessels, snowmobiles, motorcycle accesso		
Exam ☑ N □ Y	<i>ples:</i> Boats, trailers, motors, persona o	I watercraft, fishing vessels, snowmobiles, motorcycle accesso  Who has an interest in the property? Check one.	ories  Do not deduct secured cla	
Exam <b>√1</b> N	<i>ples:</i> Boats, trailers, motors, persona o es	watercraft, fishing vessels, snowmobiles, motorcycle accesso  Who has an interest in the property? Check one.  Debtor 1 only	ories	d claims on <i>Schedule</i> I
Exam ☑ N □ Y	ples: Boats, trailers, motors, persona o es  Make:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule I ns Secured by Propert
Exam ☑ N ☐ Y	ples: Boats, trailers, motors, persona o es  Make:  Model:	watercraft, fishing vessels, snowmobiles, motorcycle accesso  Who has an interest in the property? Check one.  Debtor 1 only	ories  Do not deduct secured cla the amount of any secure	d claims on Schedule L
Exam Zi Ν Σi Υα	ples: Boats, trailers, motors, persona o es  Make:  Model:  Year:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule in the Secured by Propert Current value of
Exam	ples: Boats, trailers, motors, persona o es  Make:  Model:  Year:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule I ns Secured by Propert Current value of portion you own
Exam √1 N → You 4.1.	ples: Boats, trailers, motors, persona oes  Make:  Model:  Year:  Other information:  own or have more than one, list here	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule Ins Secured by Propert  Current value of portion you own'
Exam √1 N → You 4.1.	ples: Boats, trailers, motors, persona oes  Make: Model: Year: Other information:  own or have more than one, list here Make:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure	d claims on Schedule Ins Secured by Propert  Current value of portion you own  \$
Exam √1 N → You 4.1.	ples: Boats, trailers, motors, persona oes  Make: Model: Other information:  own or have more than one, list here Make: Model:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured class the amount of any secure Creditors Who Have Clair	d claims on Schedule Ins Secured by Propert  Current value of portion you own?  \$
Exam √1 N → You 4.1.	ples: Boats, trailers, motors, persona oes  Make:  Model:  Year:  Other information:  own or have more than one, list here Make:  Model:  Year:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the	d claims on Schedule Ins Secured by Propert  Current value of portion you own  \$
Exam √1 N → You 4.1.	ples: Boats, trailers, motors, persona oes  Make: Model: Other information:  own or have more than one, list here Make: Model:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured class the amount of any secure Creditors Who Have Clair	d claims on Schedule Ins Secured by Propert  Current value of portion you own  \$
Exam √1 N → You 4.1.	ples: Boats, trailers, motors, persona oes  Make:  Model:  Year:  Other information:  own or have more than one, list here Make:  Model:  Year:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the	d claims on Schedule ins Secured by Propert  Current value of portion you own  \$
Exam I N I You 4.1.	ples: Boats, trailers, motors, persona oes  Make:  Model:  Year:  Other information:  own or have more than one, list here Make:  Model:  Year:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Check if this is community property? Check one. Check if this is community property (see	Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the	d claims on Schedule ms Secured by Propen  Current value of portion you own  \$
Exam ✓ N → You 4.1.	ples: Boats, trailers, motors, persona oes  Make:  Model:  Year:  Other information:  own or have more than one, list here Make:  Model:  Year:  Other information:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Check if this is community property? Check one. Check if this is community property (see	Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$	d claims on Schedule ms Secured by Prope  Current value o portion you own  \$

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Debtor 1

DANITA SMITH

irst Name	Middle Name	Last Name

Case number (if known)\_\_\_\_\_

Part 3:	Describe	Your	Personal	and	Household	Item

Do	you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
6.	Household goods and furnishings	
	Examples: Major appliances, furniture, linens, china, kitchenware	
	No	-
	Yes. Describe LIVING ROOM\$400; BEDROOM\$200, KITCHEN\$150OFFICE\$350	\$1100
7	Electronics	nue
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	☐ No ☐ Yes. Describe	7
	Yes. Describe	\$
8.	Collectibles of value	
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects;	
	stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	☑ No □ Yes. Describe	
		\$
9.	Equipment for sports and hobbies	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	☑ No	and the second s
	Yes. Describe	\$
10	Firearms	near-
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment  No	
	Yes. Describe	<b>\$</b>
	Obstacle	
	Clothes  Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  No	
	☑ Yes. Describe EVERDAY CLOTHING\$300	300
		\$
10	laurale.	
12.	Jewelry  Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	□ No	3
	Yes. DescribeCOSTUME\$20	\$
13.	Non-farm animals  Examples: Dogs, cats, birds, horses	
	<b>☑</b> No	
	Yes. Describe	- : \$
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	<b>☑</b> No	
	Yes. Give specific	\$
	information	· ·
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	\$1700
	for Part 3. Write that number here	

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Debtor		Debtor	•
--------	--	--------	---

DANITA SMITH				
D/ ((4) 1/ (	CIVILITI		Case number (if known)	
Firet Name	Middle Name	Lact Name		

Do	you own or have any	legal or equitable interest in	any of the following?		Current value of portion you own Do not deduct secur or exemptions.	?
	<b>Cash</b> Exa <i>mples:</i> Money you l	have in your wallet, in your hon	ne, in a safe deposit box, and on hand when you file yo	our petition		
	<b>⊿</b> No					
[	☐ Yes		Cash	h:	\$	0
			ints; certificates of deposit; shares in credit unions, bro ultiple accounts with the same institution, list each.	kerage houses,		
	<b>Z</b> Yes		Institution name:			
		17.1. Checking account:	PNC		\$	0
		17.2. Checking account:			\$	
		17.3. Savings account:			\$	
		17.4. Savings account:			\$	
		17.5. Certificates of deposit:			\$	
		17.6. Other financial account:			\$	
		17.7. Other financial account:			\$	
		17.8. Other financial account:			\$	
		17.9. Other financial account:			\$	
18 <b>F</b>	Sonds mutual funds	or publicly traded stocks				
			erage firms, money market accounts			
	<b>Ž</b> INo ☑ Yes	hadde at a cartaman and				
	Yes	Institution or issuer name:				
					\$	
					\$	
					Ψ	
	Non-publicly traded st an LLC, partnership, a		rated and unincorporated businesses, including ar	n interest in		
	Z No	Name of entity:		f ownership:		
[	Yes. Give specific information about		0%		\$	
	them		0%		\$	
			0%	<u> </u> %	\$	

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btor 1 DANITA S		Case number (if known)	
First Name	Middle Name	Last Name	
Government and corn	orate honds and	other negotiable and non-negotiable instruments	
-		checks, cashiers' checks, promissory notes, and money orders.	
		u cannot transfer to someone by signing or delivering them.	
<b>⊠</b> No			
Yes. Give specific	Issuer name:		
information about them			\$
	<del></del>		\$
			\$
Retirement or pension	accounts		
•		h, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
<b>PL</b> Wo			
Yes. List each	Tues of seconds	In although a second	
account separately.	Type of account:	Institution name:	
	401(k) or similar p	lan:	\$
	Pension plan:		\$
	IRA:	trudential Funancial	\$ 15,000
	Retirement accoun		\$
•	Keogh:		\$
	Additional accoun	t:	\$
	Additional accoun	t:	\$
	d deposits you hav	ve made so that you may continue service or use from a company epaid rent, public utilities (electric, gas, water), telecommunications	
☑ No			
☐ Yes		Institution name or individual:	
	Electric:		\$_:
	Gas:		\$
	Heating oil:		\$
	Security deposit o	n rental unit:	\$
	Prepaid rent:		\$
	Telephone:		\$
	Water:		\$
	Rented furniture:		\$
	Other:		\$
Annuities (A contract fo	or a periodic paym	ent of money to you, either for life or for a number of years)	
<b>☑</b> No			
	•		
☐ Yes	Issuer name and	description:	
Yes	Issuer name and	description:	\$

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Debtor 1	DANITA SMITH		Case number (if known)	
	First Name Middle N	lame	Last Name	
24. Interest	ts in an education IRA	, in an acco	unt in a qualified ABLE program, or under a qualified state tuition program.	
26 U.S.	C. §§ 530(b)(1), 529A(b			
<b>☑</b> No				
<b>∐</b> Yes		Institution n	ame and description. Separately file the records of any interests.11 U.S.C. § 521(c):	
				<b>c</b>
				Φ
				<b>5</b>
		***		\$
5. <b>Trusts</b> ,	equitable or future int	erests in pr	operty (other than anything listed in line 1), and rights or powers	
	sable for your benefit			
<b>⊠</b> No	r		PP-W-V	
	. Give specific			\$
11101	imation about them			Ψ
6. Patents	s, copyrights, tradema	rks, trade s	ecrets, and other intellectual property	
			s, proceeds from royalties and licensing agreements	
<b>⊠</b> No				
	. Give specific			
info	rmation about them			\$
7			**************************************	
	es, franchises, and oth es: Building permits, exc		intangibles ses, cooperative association holdings, liquor licenses, professional licenses	
<b>☑</b> No	oor banamig pormito, ox		oss, ossperative association floatings, liquol floorises, professional floorises	
_	. Give specific			
	rmation about them			\$
	i			
Money or p	property owed to you?	•		Current value of the portion you own? Do not deduct secured
				claims or exemptions.
	unds owed to you			
<b>☑</b> No		_	The second of th	
₩ Yes.	<ul> <li>Give specific information about them, including to</li> </ul>		Federal: \$	
	you already filed the re	eturns	State: \$	
	and the tax years	•••••	Local: \$	
9. Family				
	es: Past due or lump su	m alimony, s	spousal support, child support, maintenance, divorce settlement, property settlemen	t
<b>⊠</b> No				
☐ Yes.	. Give specific information	on	Alfan	•
			Alimony:	ф
			Maintenance:	\$
		:	Support:	\$
		:	Divorce settlement:	\$ \$
			Property settlement:	Ψ
0. <b>Other a</b> Example	mounts someone owe es: Unpaid wages, disat Social Security bene	oility insuran	ce payments, disability benefits, sick pay, vacation pay, workers' compensation, loans you made to someone else	
Ø No			-	
🛚 Yes.	. Give specific information	on		
		7	i de la companya de	c

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		Pg 18	3 01 100	
Dobtos 4	DANITA SMITH		Cose number (the cose)	
Debtor 1	First Name Middle Name	Last Name	Case number (if known)	
	ts in insurance policies	as: booth sovings account /L	HSA); credit, homeowner's, or renter's insurance	
	es. Health, disability, of the insuran	ce, rieditir savings account (r	noAy, credit, notheowners, or renters insurance	
☑ No	. Name the insurance company			
☐ Yes	of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
	, ,			\$
				\$
				\$
				Ψ
	erest in property that is due you			
property	re the beneficiary of a living trust, e	xpect proceeds from a life ins	surance policy, or are currently entitled to receive	
☑ No	,			
	. Give specific information			to the first of the second of
				\$
aa Ola!				
	es: Accidents, employment dispute	•	it or made a demand for payment	
☑ No	oo. Albaracine, employment diopate			
_	. Describe each claim.			Ser - Service
_ 100	. Describe eder dam.			\$
34. Other c	ontingent and unliquidated claim	ns of every nature, including	g counterclaims of the debtor and rights	
to set o	off claims	•	-	
<b>☑</b> No	-	ages consumers administration of \$1.5 kins of a latest administration of the constraint of the constraint of the beginning of the constraint of the constrai		a Analysis
<b>∟</b> Yes	. Describe each claim			<b>.</b>
	<u>.</u>	recovery the same are a result of the same and the same a		
35. Any fina	ancial assets you did not already	list		
<b>☑</b> No	1			
Yes	. Give specific information			\$
36. Add the	e dollar value of all of your entrie	s from Part 4, including an	y entries for pages you have attached	
			→	\$0
Part 5:	Describe Any Rusiness	Related Property You	Own or Have an Interest In. List any	real estate in Part 1.
	Describe Any Dusiness-		Own of flave an interest in List any	
37. <b>Do you</b>	own or have any legal or equital	ole interest in any business	-related property?	
☑ No.	Go to Part 6.			
Yes	. Go to line 38.			
				Current value of the
				portion you own?
				Do not deduct secured claims or exemptions.
•	4			or exemptions.
	its receivable or commissions yo	u already earned		
No				

Official Form 106A/B

☐ Yes. Describe...

☑ Yes. Describe...

39. Office equipment, furnishings, and supplies

MISC

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

\$\_

300

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Debtor				Case number (if known)		
	First Name	Middle Name	Last Name			
	•	equipment, suppli	es you use in business, and tools of yo	ur trade		
<b>3</b>						7
<u> </u>	Yes. Describe	•				\$
				DO NO SAMANNA AND A VALUE OF THE PARTY OF TH		
41. Inve	ntory					
<b>⊒</b> 1	-				-	
	Yes. Describe					\$
		The second of the contract of		oro-rapatier videoria Videoria koko pom go del congress e helefoldelle en Videoria en el deserva acces, e es decressoscente		
42. Inter	rests in partners	hips or joint ventu	res			
<b>3</b>						
		Name of entity:		% of owners	nin:	
		ramo or onacy.		%		\$
				%		\$ \$
				%		\$
						¥
		ing lists, or other c	ompilations			
<b>⊒</b> 1						
<b>U</b> \	-	s include personal	ly identifiable information (as defined in	11 U.S.C. § 101(41A))?		
	□ No			·····		7
	Yes. Des	scribe				\$
		And the second s				
		d property you did	not already list			
<b>I</b>						
	Yes. Give specific					\$
'	mormation					\$
					-	\$
					-	
					-	\$
					-	\$
					-	\$
45. <b>Add</b>	the dollar value	of all of your entri	es from Part 5, including any entries fo	r pages you have attached		\$ \\2 300
			, , , , , , , , , , , , , , , , , , ,		→	\$
						,
Part 6:			ommercial Fishing-Related Proper in farmland, list it in Part 1.	ty You Own or Have an Inter	est In	ı <b>.</b>
40.5						
	<b>ou own or have</b> No. Go to Part 7.	any legal or equita	able interest in any farm- or commercia	i fishing-related property?		
	Yes. Go to line 47	·.				
						Current value of the
						portion you own?
						Do not deduct secured claims
47. Farn	n animals					or exemptions.
Exai	mples: Livestock,	poultry, farm-raised	fish			
<b>4</b>	No					
	Yes		1800 C	THE PARTY OF THE P		
						•
						Ψ

Official Form 106A/B

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Debtor 1 DANITA SMITH  First Name Middle Name Last Name	Case number (if known)	
FIIST NAME MICCIE NAME LAST NAME		
48. Crops—either growing or harvested		
✓ No ☐ Yes. Give specific information		\$
49. Farm and fishing equipment, implements, machinery, fixtures,  ☑ No	, and tools of trade	Y
☐ Yes		\$
50. Farm and fishing supplies, chemicals, and feed  10 No  11 Yes		
		\$
51. Any farm- and commercial fishing-related property you did no		
☐ Yes. Give specific information		\$
52. Add the dollar value of all of your entries from Part 6, includin for Part 6. Write that number here		\$0
✓ No ☐ Yes. Give specific information	st?	\$ \$ \$ \$
Part 8: List the Totals of Each Part of this Form		
55. Part 1: Total real estate, line 2	<b>————</b>	\$
56. Part 2: Total vehicles, line 5	\$0	
57. Part 3: Total personal and household items, line 15	\$1700	
58. Part 4: Total financial assets, line 36	\$0	
59. Part 5: Total business-related property, line 45	s <u>\\2\\ 300</u>	
50. Part 6: Total farm- and fishing-related property, line 52	\$0	
61. Part 7: Total other property not listed, line 54	+\$0	
62. <b>Total personal property.</b> Add lines 56 through 61	\$Copy personal property total →	<b>+</b> § 2000
63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62		\$ <del>-9200</del> 0
		100135~

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Debtor 2 (Spouse, if filing) First Na	ITA SMITH			
	me Middle Name	Last Name		
	me Middle Name	Last Name		
United States Bankru	ptcy Court for the:Eastern District	t of Missouri		
Case number(If known)				☐ Check if this is a
				amended filing
Sec. 1 1 E	1000			
Official Forn	1 106C			
Schedul	e C: The Prop	perty You	Claim as Exempt	04/19
sing the property yo	ou listed on <i>Schedule A/B: Prop</i>	perty (Official Form 106A	gether, both are equally responsible for s VB) as your source, list the property that	you claim as exempt. If more
	number (if known).	many copies of Part 2: A	dditional Page as necessary. On the top	or any additional pages, write
or each item of pro	operty you claim as exempt.	you must specify the a	mount of the exemption you claim. Or	ne way of doing so is to state a
			fair market value of the property being	
			health aids, rights to receive certain b	
	•		claim an exemption of 100% of fair ma	•
			property is determined to exceed that	
· · · · · · · · · · · · · · · · · · ·	the applicable statutory amo		,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
art 1: Identif	y the Property You Claim	n as Exempt		
<u></u>				
. Which set of ex	cemptions are you claiming?	Check one only even if	vour snouse is filing with you	
	ming state and federal nonbani	• •		
	ming state and rederal normalisming federal exemptions. 11 U		U.S.C. § 522(b)(3)	
Tod are clar	iling lederal exemptions. Tro	7.3.C. § 322(b)(2)		
. For any proper	y you list on Schedule A/B to	hat you claim as exem	pt, fill in the information below.	
		Current value of the	Amount of the exemption you claim	
	on of the property and line on	Current value of the	Amount of the exemption you claim	Specific laws that allow exemption
	on of the property and line on that lists this property	portion you own		Specific laws that allow exemption
			Check only one box for each exemption.	Specific laws that allow exemption
Schedule A/B (	that lists this property	portion you own Copy the value from Schedule A/B	Check only one box for each exemption.	·
		portion you own  Copy the value from	Check only one box for each exemption.  ✓ \$ 90000	Specific laws that allow exemption 513.430.1(6) 513.430.1(3)
Schedule A/B t	that lists this property	portion you own Copy the value from Schedule A/B	Check only one box for each exemption.	513.430.1(6)
Schedule AB ( Brief description:	that lists this property	portion you own Copy the value from Schedule A/B	Check only one box for each exemption.  ✓ \$ 90000	513.430.1(6)
Brief description: Line from Schedule A/B:	that lists this property  11630 HELENOAK	portion you own Copy the value from Schedule A/B \$90000	Check only one box for each exemption.	513.430.1(6) 513.430.1(3)
Schedule AB to Brief description:	that lists this property	portion you own Copy the value from Schedule A/B	Check only one box for each exemption.	513.430.1(6)
Brief description: Line from Schedule A/B: Brief	that lists this property  11630 HELENOAK	portion you own Copy the value from Schedule A/B \$90000	Check only one box for each exemption.	513.430.1(6) 513.430.1(3)
Brief description: Line from Schedule A/B: Brief description:	that lists this property  11630 HELENOAK	portion you own Copy the value from Schedule A/B \$90000	Check only one box for each exemption.	513.430.1(6) 513.430.1(3)
Brief description: Line from Schedule A/B: Brief description: Line from Schedule Industrial description: Line from	11630 HELENOAK  1 HOUSEHLD GDS & FURN	portion you own Copy the value from Schedule A/B  \$ 90000  \$ 1100	Check only one box for each exemption.	513.430.1(6) 513.430.1(3)
Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B:	that lists this property  11630 HELENOAK	portion you own Copy the value from Schedule A/B \$90000	Check only one box for each exemption.	513.430.1(6) 513.430.1(3) 513.430.1(1)
Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from	11630 HELENOAK  1 HOUSEHLD GDS & FURN 6 ELECTRONICS	portion you own Copy the value from Schedule A/B  \$ 90000  \$ 1100	Check only one box for each exemption.	513.430.1(6) 513.430.1(3) 513.430.1(1)
Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description:	11630 HELENOAK  1 HOUSEHLD GDS & FURN	portion you own Copy the value from Schedule A/B  \$ 90000  \$ 1100	Check only one box for each exemption.	513.430.1(6) 513.430.1(3) 513.430.1(1)
Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description:	11630 HELENOAK  1 HOUSEHLD GDS & FURN 6 ELECTRONICS	portion you own Copy the value from Schedule A/B  \$ 90000  \$ 1100  \$ 280	Check only one box for each exemption.	513.430.1(6) 513.430.1(3) 513.430.1(1)
Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Are you claimin	11630 HELENOAK  1 HOUSEHLD GDS & FURN 6 ELECTRONICS 7 Ing a homestead exemption of	portion you own Copy the value from Schedule A/B  \$ 90000  \$ 1100  \$ 280  from more than \$170,350?	Check only one box for each exemption.	513.430.1(6) 513.430.1(3) 513.430.1(1) 513.430.1(1)
Brief description: Line from Schedule A/B:  Are you claimin (Subject to adjust	11630 HELENOAK  1 HOUSEHLD GDS & FURN 6 ELECTRONICS 7 Ing a homestead exemption of	portion you own Copy the value from Schedule A/B  \$ 90000  \$ 1100  \$ 280  from more than \$170,350?	Check only one box for each exemption.	513.430.1(6) 513.430.1(3) 513.430.1(1) 513.430.1(1)
Brief description: Line from Schedule A/B: Are you claimin (Subject to adjustification)	11630 HELENOAK  1 HOUSEHLD GDS & FURN 6 ELECTRONICS 7 ng a homestead exemption of stment on 4/01/22 and every 3	s 1100  \$ 280  f more than \$170,350?  years after that for case	Check only one box for each exemption.	513.430.1(6) 513.430.1(3) 513.430.1(1) 513.430.1(1)

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Debtor 1

DAN	IΤΑ	SMI	ΤH

Name Middle Name Last Name

Case number (if known)	
------------------------	--

Part 2:

#### **Additional Page**

	Brief description of the property and line on Schedule A/B that lists this property		Amount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Check only one box for each exemption		
Brief description:	CLOTHES	\$ 300	<b>√</b> \$ 300	513.430.1(1)	
Line from Schedule A/B:	11		100% of fair market value, up to any applicable statutory limit		
Brief description:	JEWELRY	\$20	<b>3</b> \$20	513.430.1(2)	
Line from Schedule A/B:	12		☐ 100% of fair market value, up to any applicable statutory limit		
Brief description:	OFFICE EQU	\$300	<b>ॼ</b> \$300	513.430.1(1)	
Line from Schedule A/B:	30		☐ 100% of fair market value, up to any applicable statutory limit		
Brief description:		\$	<b>\$</b>		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit		
Brief description:		\$	\$ \$ 100% of fair market value, up to		
Line from Schedule A/B:	***		any applicable statutory limit		
Brief description:	W. P. SANCES	\$	<b>\$</b>		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit		
Brief description:		\$	<b>\$</b>		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit		
Brief description:		\$	\$ \$ 100% of fair market value, up to		
Line from Schedule A/B:			any applicable statutory limit		
Brief description:		\$	<b>\$</b>		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	-	
Brief description:		\$	□ \$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit		
Brief description:		\$	\$ 100% of fair market value, up to		
Line from Schedule A/B:			any applicable statutory limit		
Brief description:		\$	<b>\$</b>		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit		

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Fill in this information to identify your cas	e:			
Debtor 1 DANITA SMITH				
First Name Middle N  Debtor 2	lame Last Name			
(Spouse, if filing) First Name Middle N	lame Last Name			
United States Bankruptcy Court for the: Eastern D	District of Missouri			
Case number			П	
(If known)				if this is an ed filing
			amena	ca ming
Official Form 106D				
Schedule D: Creditor	s Who Have Claims Secure	ed by Pror	ertv	12/15
information. If more space is needed, cop additional pages, write your name and cas 1. Do any creditors have claims secured b	y your property? n to the court with your other schedules. You have nothi	and attach it to this	form. On the top of	t any
Part 1: List All Secured Claims				
for each claim. If more than one creditor h	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. nabetical order according to the creditor's name.	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 CALIBER HOME LOANS	Describe the property that secures the claim:	\$90000	\$	\$ 90000
Creditor's Name PO BOX 270415	11630 HELENOAK			
Number Street				
	As of the date you file, the claim is: Check all that apply.	_		
OKLAHOMA CITY OK 73137	☐ Contingent ☐ Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☑ An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
· _	Other (including a right to offset)	_		
Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number		il not lorge by the transport of the control of the	
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
Check if this claim relates to a community debt		-		
Date debt was incurred	Last 4 digits of account number		T	a salasin (+ 1990) Association and same an acceptance and

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DANITA SMITH Debtor 1 Case number (if known Column A Column B Column C **Additional Page** Value of collateral Unsecured Amount of claim Part 1: After listing any entries on this page, number them beginning with 2.3, followed Do not deduct the that supports this portion by 2.4, and so forth. claim value of collateral. If any Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code ■ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) ☐ Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Street Number As of the date you file, the claim is: Check all that apply. Contingent ☐ Unliquidated City ZIP Code ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) ☐ Check if this claim relates to a community debt Date debt was incurred Describe the property that secures the claim: Creditor's Name Number As of the date you file, the claim is: Check all that apply. Contingent State ZIP Code Unliquidated ■ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) ☐ Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page \_\_\_\_ of \_

Official Form 106D

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Debtor	4 1	DANITA SMITH First Name Middle Name	Last Name		Case number (if known)
Pa		List Others to Be Not		That You Already	Listed
Use age	e this pag ency is try u have mo	e only if you have others to	o be notified about a debt you owe to	your bankruptcy for someone else, list th you listed in Part 1. I	a debt that you already listed in Part 1. For example, if a collection e creditor in Part 1, and then list the collection agency here. Similarly, if ist the additional creditors here. If you do not have additional persons to
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
					-
	City	· · · · · · · · · · · · · · · · · · ·	State	ZIP Code	-
		s transfer a verte a <del>ve</del> nt or grant (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	,	A COMP TO THE REST.	On which line in Port 1 did you enter the anality?
Lj	Name				On which line in Part 1 did you enter the creditor? Last 4 digits of account number
	Number	Street			
					-
<del>,</del> ,	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
			· · · · · · · · · · · · · · · · · · ·		-
	City		State	ZIP Code	-
	22211	entermination of the second of the second			On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
					-
	City		State	ZIP Code	-
7					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			
•	0.1				
	City	merne om som som skar og konstruktive.	State	ZIP Code	
 i	Name				On which line in Part 1 did you enter the creditor? Last 4 digits of account number
I	Number	Street			
-					
ō	City		State	ZIP Code	

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	ll in this information to identify your case:					
De	ebtor 1 DANITA SMITH					
De	First Name Middle Name	Last Name		•		
	pouse, if filing) First Name Middle Name	Last Name				
Ur	nited States Bankruptcy Court for the: Eastern District o	f Missouri			☐ Choo	dr if this is on
	ase number (known)					k if this is an nded filing
Of	fficial Form 106E/F					
S	chedule E/F: Creditors W	/ho Have Unsecu	ired Claims	5		12/15
List A/B cred nee any	as complete and accurate as possible. Use Part the other party to any executory contracts or use. Property (Official Form 106A/B) and on Sched ditors with partially secured claims that are listeded, copy the Part you need, fill it out, number additional pages, write your name and case nutet 1: List All of Your PRIORITY Unsecur	mexpired leases that could result ule G: Executory Contracts and be ed in Schedule D: Creditors Who the entries in the boxes on the le imber (if known).	in a claim. Also list e Inexpired Leases (Offi Have Claims Secured	executory cor icial Form 10 by Property.	ntracts on <i>S</i> o 6G). Do not If more space	chedule include any ce is
	Do any creditors have priority unsecured claim					
	No. Go to Part 2.	s against your				
	Yes.					
1	List all of your priority unsecured claims. If a creach claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page of	a claim has both priority and nonpr claims in alphabetical order accordi Part 1. If more than one creditor ho	iority amounts, list that on the creditor's nam lds a particular claim, list	claim here and ne. If you have	d show both p more than to	oriority and vo priority
	(For an explanation of each type of claim, see the i	nstructions for this form in the instru		Total claim	Priority	Nonpriority
					amount	amount
	1				amount	amount
2.1	Dispite Conditors Name	Last 4 digits of account number	\$_		\$	_ \$
2.1	Priority Creditor's Name	Last 4 digits of account number When was the debt incurred?	\$_		\$	_\$
2.1	Priority Creditor's Name  Number Street	When was the debt incurred?			\$	\$\$
2.1	Number Street	When was the debt incurred?  As of the date you file, the claim		5 3 ° ° °	\$	\$
2.1	Number Street  City State ZIP Code	When was the debt incurred?			\$	\$
2.1	Number Street  City State ZIP Code  Who incurred the debt? Check one.	When was the debt incurred?  As of the date you file, the claim  Contingent			\$	\$
2.1	Number Street  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only	When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated	is: Check all that apply.	5 + 91 °	\$	\$
2.1	Number Street  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed	is: Check all that apply.		\$	\$
2.1	Number Street  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed  Type of PRIORITY unsecured of Domestic support obligations Taxes and certain other debts you	is: Check all that apply	5 - 27 -	\$	\$
2.1	Number Street  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt	When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed  Type of PRIORITY unsecured Domestic support obligations	is: Check all that apply		\$	\$
2.1	Number Street  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed  Type of PRIORITY unsecured of Domestic support obligations Taxes and certain other debts you Claims for death or personal inju	is: Check all that apply.  claim:  u owe the government ry while you were		\$	\$
2.1	Number Street  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?	When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed  Type of PRIORITY unsecured Domestic support obligations Taxes and certain other debts you Claims for death or personal injurint oxicated	is: Check all that apply.  claim:  u owe the government ry while you were		\$	\$
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset? No Yes	When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed  Type of PRIORITY unsecured Domestic support obligations Taxes and certain other debts you Intoxicated Other. Specify	is: Check all that apply		\$	\$
	Number Street  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?	When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed  Type of PRIORITY unsecured Domestic support obligations Taxes and certain other debts you Claims for death or personal injurint oxicated	is: Check all that apply	actor work blocker and TEXANDORF	\$	\$
2.1	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset? No Yes	When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed  Type of PRIORITY unsecured Domestic support obligations Taxes and certain other debts you Claims for death or personal injuintoxicated Other. Specify  Last 4 digits of account number When was the debt incurred?	is: Check all that apply.	ar-act tools billioner Mer 12 (Mark 1977)	\$	\$
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Priority Creditor's Name	When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed  Type of PRIORITY unsecured Domestic support obligations Taxes and certain other debts you Claims for death or personal injuintoxicated Other. Specify  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim	is: Check all that apply.	SP AND THE REAL PROPERTY AND THE PARTY AND T	\$	\$
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Priority Creditor's Name	When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed  Type of PRIORITY unsecured Domestic support obligations Taxes and certain other debts you Claims for death or personal injuintoxicated Other. Specify  Last 4 digits of account number When was the debt incurred?	is: Check all that apply.	ar-act conductors during the appropriate	\$	\$
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Priority Creditor's Name  Number Street  City State ZIP Code  Who incurred the debt? Check one.	When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed  Type of PRIORITY unsecured Domestic support obligations Taxes and certain other debts you Intoxicated Other. Specify  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim Contingent	is: Check all that apply.	ar-ser found ballouder (Marris Establishmen)	\$	\$
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Priority Creditor's Name  Number Street  City State ZIP Code  Who incurred the debt? Check one. Debtor 1 only	When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed  Type of PRIORITY unsecured Domestic support obligations Taxes and certain other debts you Intoxicated Other. Specify  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated	is: Check all that apply claim: u owe the government ry while you were  \$		\$	\$
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Priority Creditor's Name  Number Street  City State ZIP Code  Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed  Type of PRIORITY unsecured Domestic support obligations Taxes and certain other debts you Claims for death or personal injuintoxicated Other. Specify  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed	is: Check all that apply claim: u owe the government ry while you were  \$	SP-SET VALUE BERGARY MAY TET MAN FOR THE	\$	\$
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Priority Creditor's Name  Number Street  City State ZIP Code  Who incurred the debt? Check one. Debtor 1 only	When was the debt incurred?  As of the date you file, the claim  Contingent  Unliquidated  Disputed  Type of PRIORITY unsecured of the debt of the debt of the personal injustrative and the claim of the debt of the debt incurred?  Last 4 digits of account number when was the debt incurred?  As of the date you file, the claim of the debt of the claim of the debt of the claim of the debt of the debt of the debt of the claim of the debt o	is: Check all that apply  claim:  u owe the government  ry while you were  is: Check all that apply  claim:  u owe the government	or-ser found balls, one sales at the sales and services and sales are sales at the	\$	\$
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Priority Creditor's Name  Number Street  City State ZIP Code  Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed  Type of PRIORITY unsecured Domestic support obligations Taxes and certain other debts you intoxicated Other. Specify  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed  Type of PRIORITY unsecured of Domestic support obligations	is: Check all that apply  claim:  u owe the government  ry while you were  is: Check all that apply  claim:  u owe the government		\$	\$

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Debtor 1

☐ No

☐ Yes

DANITA SMITH
First Name Middle N

Case number (if known)\_

 $f \Box$  Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

		2007				
Pa	rt 2: List All of Your NONPRIOR	RITY Uns	ecured Claims			
3.	Do any creditors have nonpriority uns  No. You have nothing to report in thi  Yes					
	nonpriority unsecured claim, list the cred	litor separa itor holds a	tely for each clair	order of the creditor who holds each claim. If a creditor has m. For each claim listed, identify what type of claim it is. Do not list the other creditors in Part 3.If you have more than three no	list cla	ims already
					Tota	al claim
.1	AMERICAN EXPRESS			Last 4 digits of account number	•	4,727.00
	Nonpriority Creditor's Name PO BOX 981537			When was the debt incurred?	Ψ	
	Number Street EL PASO	TX	79998	As of the date you file the claim is: Check all that apply		
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.			☐ Contingent☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another			Student loans		
	☐ Check if this claim is for a commur	nity debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?	•		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	;	
	□ No			Other. Specify		
	Yes		novi ten ti tilika kanna amban manba tentak tentak s		one of the second secon	COLUMN SERVICIO DE
.2	JUSTINE PETERSEN HOUSIN	1G		Last 4 digits of account number	\$	18,987.00
	Nonpriority Creditor's Name			When was the debt incurred?		
	1023 N GRAND BV Number Street			-		
	SAINT LOUIS	МО	63106	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed		
	Debtor 1 only Debtor 2 only			·		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
	☐ Check if this claim is for a commun	ity debt		that you did not report as priority claims		
	Is the claim subject to offset? ☐ No			<ul> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>□ Other. Specify</li></ul>		
	Yes					
.3	PLAIN GREEN LLC	ter protesta esta esta esta esta esta esta esta	ng and "Mandrip Na. Mandria (dia diada" and Alampin')	Last 4 digits of account number	Same against the Asperture	4 600 00
	Nonpriority Creditor's Name	Nonpriority Creditor's Name		When was the debt incurred?	\$	1,600.00
	93 MACK ROAD SUITE 600 P	O BOX 2	270			
	BOX ELDER	MT	59521	- As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	_		
	Who incurred the debt? Check one.			<ul><li>☐ Contingent</li><li>☐ Unliquidated</li></ul>		
	Debtor 1 only Debtor 2 only			☐ Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			Student loans		
	☐ Check if this claim is for a commun	nity debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority claims		

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Debtor 1

DANITA SMITH

First Name Middle Name

Last Name

Case number (if known)\_

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#### Your NONPRIORITY Unsecured Claims — Continuation Page

er listing any entries on this page, num	nber then	n beginning with	4.4, foll	owed by 4.5, and so forth.	Total claim
NAVIENT			La:	st 4 digits of account number	\$_4,700.00
Nonpriority Creditor's Name PO BOX 9655			Wh	en was the debt incurred?	
Number Street WILKES BARRE	PA	18773	As	of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one.  Debtor 1 only	State	ZIP Code		Contingent Unliquidated Disputed	
Debtor 2 only			Ту	pe of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another				Student loans	
☐ Check if this claim is for a communits the claim subject to offset? ☐ No ☐ Yes	ty debt			Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	
ANHEUSER-BUSCH EMPLOYI	EES		La:	st 4 digits of account number	\$ 9,976.0
Nonpriority Creditor's Name 1001 LYNCH			Wh	en was the debt incurred?	
Number Street SAINT LOUIS	MO	63118	 As	of the date you file, the claim is: Check all that apply.	
	State	ZIP Code		Contingent	
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communication.	tv deht		Ty <sub>l</sub>	Unliquidated Disputed De of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?  ☐ No ☐ Yes	m. est vassa da aumentes	alle monte en		Debts to pension or profit-sharing plans, and other similar debts Other. Specify	NACIO DANDONINA MANDISCO CONSCIONO DE TRA
SUN LOAN			Las	st 4 digits of account number	\$_2,133.0
Nonpriority Creditor's Name 9855 ST CHARLES ROAD			– Wh	en was the debt incurred?	
	МО	63074		of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	_	Contingent Unliquidated	
Who incurred the debt? Check one.				Disputed	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only				be of <b>NONPRIORITY</b> unsecured claim: Student loans	
<ul><li>At least one of the debtors and another</li><li>Check if this claim is for a communit</li></ul>	ا انجام انجا			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?  No Yes	iy debt		0	Debts to pension or profit-sharing plans, and other similar debts Other. Specify	

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Debtor 1

DANITA SMITH

First Name

Middle Name

Last Name

Case number (if known)\_

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	r listing any entries on this page, n	umber the	m beginning with	n 4.4, followed by 4.5, and so forth.	Total claim
	MOBILOANS LLC			Last 4 digits of account number	<sub>\$</sub> 1,395.00
	Nonpriority Creditor's Name PO BOX 1409			When was the debt incurred?	
	Number Street MARKSVILLE	LA	71351	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debtor 1 and Debtor 2 only			Type of <b>NONPRIORITY</b> unsecured claim:  Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a commuls the claim subject to offset?☐ No☐ Yes	inity debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
	RISE			Last 4 digits of account number	\$_2,500.00
	Nonpriority Creditor's Name 4150 INTERNATIONAL PZ 30	00		When was the debt incurred?	
	Number Street FORT WORTH	TX	76109	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commu			<ul> <li>☐ Unliquidated</li> <li>☐ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
	Is the claim subject to offset? ☐ No ☐ Yes	المنافضة الم	ent waaron oo o	Other. Specify	essentassionesse has been superior supe
	IL STUDENT ASSIST COMM			Last 4 digits of account number	\$_15,381.00
	Nonpriority Creditor's Name 1755 LAKE COOK RD			When was the debt incurred?	
	Number Street DEERFIELD	IL	60015	As of the date you file, the claim is: Check all that apply.	
,	City	State	ZIP Code	☐ Contingent☐ Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	<ul> <li>□ Debtor 1 only</li> <li>□ Debtor 2 only</li> <li>□ Debtor 1 and Debtor 2 only</li> <li>□ At least one of the debtors and another</li> </ul>			Type of <b>NONPRIORITY</b> unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claims	
1	ls the claim subject to offset?  ☐ No ☐ Yes			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	

Debtor 1

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Part 2:

Official Farm 400010

Your NONPRIORITY Unsecured Claims — Continuation Page

Aft	er listing any entries on this page, number them beg	ginning with 4.4, followed by 4.5, and so forth.	Total claim
		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP  Who incurred the debt? Check one.  Debtor 1 only	Code Contingent Unliquidated Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt  Is the claim subject to offset? ☐ No ☐ Yes	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li> </ul>	
		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP	Code Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONDRIORITY uncoured claim:	
	Debtor 2 only  Debtor 1 and Debtor 2 only	Type of <b>NONPRIORITY</b> unsecured claim:  Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☐ No ☐ Yes	☐ Other. Specify	
		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP	Code Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	•	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?  ☐ No ☐ Yes	Other. Specify	

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Debtor 1

DANITA SMITH

First Name Middle Name

l ast Name

Case number (if known)\_\_\_\_

Part 3:

#### List Others to Be Notified About a Debt That You Already Listed

Line of (Check one):   Part 1: Creditors with Priorit   Part 2: Creditors with Nonprocess   Part 3: Creditors with Nonprocess   Part 4: Creditors with Priorit   Part 2 did you list the origina   Part 2: Creditors with Nonprocess   Part 3: Creditors with Nonprocess   Part 3: Creditors with Nonprocess   Part 4: Creditors with Nonprocess   Part 5: Creditors with Nonprocess   Part 6: Creditors with Nonprocess   Part 7: Creditors with Nonprocess   Part 8: Creditors with Nonprocess   Part 9: Creditors with Nonprocess   Part 8: Creditors with Nonprocess   Part 8: Creditors with Nonprocess   Part 8: Creditors with Nonprocess   Part 9: Creditors with Part 9: Creditors with Nonprocess   Part 9: Creditors with Part 9: Creditors with Part 9: Cr	iority Unsecured Claims I creditor?  Iy Unsecured Claims
Part 2: Creditors with Nonproduction   Part 2 did you list the origina	iority Unsecured Claims I creditor?  Iy Unsecured Claims
On which entry in Part 1 or Part 2 did you list the origina    Line of (Check one):   Part 1: Creditors with Priorit     Part 2: Creditors with Nonp	y Unsecured Claims
On which entry in Part 1 or Part 2 did you list the origina    Line of (Check one):   Part 1: Creditors with Priorit   Part 2: Creditors with Nonp   Claims	y Unsecured Claims
On which entry in Part 1 or Part 2 did you list the origina  Line of (Check one):	y Unsecured Claims
Line of (Check one):	y Unsecured Claims
Claims  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the origina  Line of (Check one):  Part 1: Creditors with Nonp  Claims  Last 4 digits of account number  Line of (Check one):  Part 1: Creditors with Priorit  Part 2: Creditors with Nonp  Claims  Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the origina  Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the origina  Line of (Check one):  Part 1: Creditors with Priorit  Part 2: Creditors with Nonp  Claims  Last 4 digits of account number  Line of (Check one):  Part 1: Creditors with Priorit  Part 2: Creditors with Nonp  Claims	
Claims  Last 4 digits of account number	riority Unsecured
On which entry in Part 1 or Part 2 did you list the origina  Line of (Check one):  Part 1: Creditors with Priori Part 2: Creditors with Nonp Claims  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the origina  Name  Line of (Check one):  Part 1: Creditors with Priori Part 2: Creditors with Priori Part 2: Creditors with Nonp Claims  Last 4 digits of account number  Line of (Check one):  Part 1: Creditors with Nonp Claims	NACES COURS ON THE PROPERTY AND
On which entry in Part 1 or Part 2 did you list the origina  Line of (Check one):  Part 1: Creditors with Priori Part 2: Creditors with Nonp Claims  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the origina  Name  Line of (Check one):  Part 1: Creditors with Priori Part 2: Creditors with Priori Part 2: Creditors with Nonp Claims  Last 4 digits of account number  Line of (Check one):  Part 1: Creditors with Nonp Claims	######################################
Line of (Check one):  Part 1: Creditors with Priority  Part 2: Creditors with None  Claims  Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the origina    Number  Street	
Line of (Check one): Part 1: Creditors with Priority Part 2: Creditors with None Claims  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the origina  Name  Line of (Check one): Part 1: Creditors with Priority Part 2: Creditors with Priority Part 2: Creditors with None Claims  Last 4 digits of account number	creditor?
Claims  Claims  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the origina  Name  Line of (Check one): □ Part 1: Creditors with Nonp  Claims  Last 4 digits of account number  Line of (Check one): □ Part 1: Creditors with Priorit  □ Part 2: Creditors with Nonp  Claims  Last 4 digits of account number	v Unsecured Claims
City State ZIP Code  On which entry in Part 1 or Part 2 did you list the origina  Name  Line of (Check one): □ Part 1: Creditors with Priorit  □ Part 2: Creditors with Nonp  Claims  Last 4 digits of account number	
On which entry in Part 1 or Part 2 did you list the origina  Line of (Check one): Part 1: Creditors with Priori  Part 2: Creditors with Nonp Claims  Last 4 digits of account number	
On which entry in Part 1 or Part 2 did you list the origina  Line of (Check one):  Part 1: Creditors with Priori  Part 2: Creditors with Nonp  Claims  Last 4 digits of account number	
Line of (Check one): Part 1: Creditors with Priorise of (Check one): Part 2: Creditors with Nonp Claims	
Part 2: Creditors with Nonp  Claims  Last 4 digits of account number	
Claims  Last 4 digits of account number	
ty State ZIP Code Last 4 digits of account number	iority Unsecured
City State ZIP Code	
	Comment of the control of the first of the control
On which entry in Part 1 or Part 2 did you list the origina	creditor?
Line of (Check one): ☐ Part 1: Creditors with Priori	y Unsecured Claims
Jumber Street □ Part 2: Creditors with Nonpo	
Claims	
Last 4 digits of account number	
On which entry in Part 1 or Part 2 did you list the origina	creditor?
Name	
Line of (Check one):   Part 1: Creditors with Priorit  Part 2: Creditors with Nonpi	y Unsecured Claims
Claims Claims	iority Unsecured
Last 4 digits of account number	fority Unsecured
State ZIP Code	riority Unsecured
On which entry in Part 1 or Part 2 did you list the origina	riority Unsecured
Line of (Check one):   Part 1: Creditors with Priority	
umber Street Part 2: Creditors with Nonpo	l creditor?
Claims	I creditor? y Unsecured Claims

Last 4 digits of account number \_

ZIP Code

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Debtor 1

DANITA SMITH

Last Name

Case number (if known)\_

Part 4:

#### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims	6a. Domestic support obligations	6a.
from Part 1	6b. Taxes and certain other debts you owe the government	6b. <sub>\$</sub>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. + <sub>\$</sub>
	6e. <b>Total.</b> Add lines 6a through 6d.	6e. \$
		Total claim
Total claims	6f. Student loans	6f. \$
rom Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$</u>
	6i. Other. Add all other nonpriority unsecured claims.	
	Write that amount here.	6i. + <sub>\$</sub> 44,590.00

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		1 9 00 01 100			
F	ill in this information to identify your case:				
	DANITA SMITH				
טו	Pebtor 1 First Name Middle Name	Last Name			
	Debtor 2 Spouse, if filing) First Name Middle Name	Last Name			
	·	<b></b>			
ľ	Inited States Bankruptcy Court for the: Eastern District of	Missouri		□ Che	ck if this is an
	ase number If known)				nded filing
L	in Niethy				Ū
O	fficial Form 106E/F				
_	chedule E/F: Creditors W	lha Hava Umaaa	ad Claima		
<u> </u>	Chedule E/F: Creditors W	mo nave onsecui	ed Claims		12/15
Lis A/E cre nee any	as complete and accurate as possible. Use Part the other party to any executory contracts or use. Property (Official Form 106A/B) and on Schedulitors with partially secured claims that are listeded, copy the Part you need, fill it out, number by additional pages, write your name and case number.	nexpired leases that could result in ule G: Executory Contracts and Un d in Schedule D: Creditors Who Ha he entries in the boxes on the left. mber (if known).	n a claim. Also list exe expired Leases (Officia ave Claims Secured by	cutory contracts on S Il Form 106G). Do not <i>Property</i> . If more spa	Schedule include any ice is
Pa	art 1: List All of Your PRIORITY Unsecure	ed Claims		<del></del>	· · · · · · · · · · · · · · · · · · ·
1.	Do any creditors have priority unsecured claims	s against you?			
	No. Go to Part 2.				
,	Yes.  List all of your priority unsecured claims. If a cr	aditor has more than one priority unes	oured claim list the crea	ditor congrately for eac	h claim For
۷.	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the cunsecured claims, fill out the Continuation Page of	a claim has both priority and nonprior claims in alphabetical order according	ity amounts, list that clai to the creditor's name. I	m here and show both f you have more than t	priority and wo priority
	(For an explanation of each type of claim, see the i	nstructions for this form in the instruct		eral to a contract of the entire	The second of the second
	_		lota	al claim Priority amount	Nonpriority amount
2.1					
	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
		When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is	: Check all that apply.		
	City State ZIP Code	Contingent			
	Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed			
	Debtor 1 only	☐ Disputed			
	Debtor 2 only	Type of PRIORITY unsecured cla	im:		
	☐ Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
	At least one of the debtors and another	☐ Taxes and certain other debts you o	owe the government		
	Check if this claim is for a community debt	☐ Claims for death or personal injury	=		
	Is the claim subject to offset?	intoxicated			
	□ No	Other. Specify			
	Q Yes				and a little control of the control
.2		Last 4 digits of account number	¢.	\$	\$
	Priority Creditor's Name	When was the debt incurred?		Ψ	<b>V</b>
	Number Street	_			
	* ** *********************************	As of the date you file, the claim is	Check all that apply.		
		Contingent			
	City State ZIP Code	Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured cla	im:		
	Debtor 2 only	☐ Domestic support obligations			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you of	owe the government		
	At least one of the debtors and another	Claims for death or personal injury			
	☐ Check if this claim is for a community debt	intoxicated			
	Is the claim subject to offset?	Other. Specify			
	☐ No ☐ Yes				

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Debtor 1

☐ Yes

DANITA SMITH
First Name Middle Name

Case number (if known)\_

usting any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name				
lumber Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated ☐ Disputed			
Who incurred the debt? Check one.	□ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	Taxes and certain other debts you owe the government			
☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
s the claim subject to offeet?	Other. Specify			
s the claim subject to offset? ☑ No				
Yes				
	Last 4 digits of account number	\$	\$	\$
riority Creditor's Name				
umber Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
ity State ZIP Code	☐ Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	<ul> <li>□ Domestic support obligations</li> <li>□ Taxes and certain other debts you owe the government</li> </ul>			
At least one of the debtors and another	Claims for death or personal injury white you were			
Check if this claim is for a community debt	intoxicated			
the claim subject to offset?	☐ Other. Specify			
No				
Yes «Соптовые след предперия объекты предперия предперия предперия предперия предперия предперия предперия предпери	на 3 повет в повет в повет по повет по по том в в в в повет в по по повет в по	TE PROGRAMMENT STORMENTS REPORTED STORMENTS	:57:5804F-13-FOCCH-CEO)TROPETT = 3-3-2-4C (	
riority Creditor's Name	Last 4 digits of account number	\$	\$	\$
umber Street	When was the debt incurred?			
Outot	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
ity State ZIP Code	☐ Unliquidated			
/ho incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	_			
Debtor 1 and Debtor 2 only	<ul> <li>Domestic support obligations</li> <li>Taxes and certain other debts you owe the government</li> </ul>			
At least one of the debtors and another	☐ Paxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated  Other. Specify	iladika di Maran sara makai menankan kemana mak		NAMES OF THE PARTY

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Debtor 1

DANITA SMITH

Is the claim subject to offset?

☐ No Yes Pg 35 of 100

Case number (if kn Part 1: Your PRIORITY Unsecured Claims — Continuation Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim Priority Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government ☐ At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code ■ Unliquidated ☐ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government ☐ At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify \_ Is the claim subject to offset? □ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated □ Disputed Who incurred the debt? Check one. ☐ Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government ☐ At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify

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Debtor 1

DANITA SMITH
First Name Middle Name

Last Name

Case number (if known)\_

Pa	rt 2:	List All of Your NONPRIOR	RITY Uns	ecured Claim	as		
3.	_	y creditors have nonpriority un:  You have nothing to report in this			ou? the court with your other schedules.		
	nonprio include	ority unsecured claim, list the cred	litor separa litor holds	ately for each <b>c</b> la	al order of the creditor who holds each claim. If a creditor has aim. For each claim listed, identify what type of claim it is. Do not n, list the other creditors in Part 3.If you have more than three no	list clain	ns already
	ı	-			·	Total	claim
1	·	TROPOLITAN ST.LOUIS S	EWER I	DISTRICT	Last 4 digits of account number	\$	725.20
	•	. BOX 437			When was the debt incurred?	¥	
	Numbe	er Street					
	SI.L	LOUIS	MO	63166 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who	incurred the debt? Check one. ebtor 1 only ebtor 2 only			☐ Contingent☐ Unliquidated☐ Disputed☐		
	☐ De	ebtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	□ c		nity debt		<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li> </ul>	i	
,	епс	OW ME SERVICE CENTER		er med versom bet men med er er det det bet det bet det er bet det bet det bet det bet det bet det bet det bet	Last 4 digits of account number	\$	100.00
		ority Creditor's Name			Last 4 digits of account number	Ψ	
	1333	N SPRIGG ST					
		or Street De Girardeau	МО	63701	As of the date you file, the claim is: Check all that apply.		
	City		State	ZIP Code	Contingent		
		incurred the debt? Check one.			☐ Unliquidated☐ Disputed		
		ebtor 1 only ebtor 2 only			- Sispaneu		
		ebtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	☐ At	least one of the debtors and another			Student loans		
	☐ CI	heck if this claim is for a commur	nity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	Is the	9S			☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify		
3		RWARD FINANCING	industration terminated by the	n bereit die stellen der die Gelegen beite geologie der deutsche deutsche der deutsche deutsc	Last 4 digits of account number	Electric Street Service Com-	9,282.45
	•	ority Creditor's Name SUMMER ST 11TH FLOO  r Street	R		When was the debt incurred?	\$	0,202.40
		STON	MA State	02110 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	-	incurred the debt? Check one.	- 60.10	0000	☐ Contingent		
	_	ebtor 1 only			Unliquidated		
	☐ De	ebtor 2 only			☐ Disputed		
		ebtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
		least one of the debtors and another			☐ Student loans		
	☐ CI	neck if this claim is for a commun	ity debt		Obligations arising out of a separation agreement or divorce		
		claim subject to offset?			that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	i	
	□ No □ Yes				Other. Specify		

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Debtor 1

DANITA SMITH First Name

Middle Name

Case number (if known)\_

Part 3:

#### List Others to Be Notified About a Debt That You Already Listed

		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured Claims
City	State Z	Last 4 digits of account number
	en jagrage views i vigera en la gradient van de la gra	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	, , , , , , , , , , , , , , , , , , , ,	Part 2: Creditors with Nonpriority Unsecured
		Claims
City	State Z	Code Last 4 digits of account number
		On which entry in Part 1 or Part 2 did you list the original creditor?
ame		Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
lumber Street		Part 2: Creditors with Nonpriority Unsecured Claims
iity	State Z	Last 4 digits of account number
andrese in manager of automorphisms and		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber Street		☐ Part 2: Creditors with Nonpriority Unsecured
,		Claims
City	State Z	Code Last 4 digits of account number
		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street		☐ Part 2: Creditors with Nonpriority Unsecured
		Claims
City	State Z	Last 4 digits of account number
TO SERVICE SER	anne representation title to telle er er medicine er	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured Claims
City	State Z	Last 4 digits of account number
	TO ON PROPERTY C. SECURITY SEC	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check and).   Don't 1. Conditions with Driving Unaccessed Claims
Number Street		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
		Claims
City	State 7	Code Last 4 digits of account number

ZIP Code

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Debtor 1

DANITA SMITH

First Name

Last Name

Case number (if known)

Part 4:

#### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims	6a. Domestic support obligations	6a.	\$
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	+\$
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$
			Total claim
Total claims	6f. Student loans	6f.	\$
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$ 26,916.65
	6j. <b>Total.</b> Add lines 6f through 6i.	6j.	\$

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		Pg 39 of 100	_			
F	ill in this information to identify your case:					
D	DANITA SMITH					
	First Name Middle Name	Last Name				
	Debtor 2 Spouse, if filing) First Name Middle Name	Last Name				
"	Spouse, il lilling/ Plist Maine Middle Maine	[****]				
U	Inited States Bankruptcy Court for the: Eastern District o	of Missouri				
	Casa number	<del></del>				eck if this is an
	case number				am	ended filing
L						
O	fficial Form 106E/F					
S	chedule E/F: Creditors V	Vho Have Unse	cured Claim	S		12/15
				***	NONDOIGE	1997
Be	as complete and accurate as possible. Use Par	t 1 for creditors with PRIORITY	claims and Part 2 for o	reditors with	n NONPRIOR	RITY claims.
	et the other party to any executory contracts or u B: Property (Official Form 106A/B) and on Sched					
	editors with partially secured claims that are list					
	eded, copy the Part you need, fill it out, number					
	y additional pages, write your name and case nu					•
Pa	art 1: List All of Your PRIORITY Unsecur	red Claims				
- 1.	Do any creditors have priority unsecured claim	ns against you?				
	No. Go to Part 2.					
	Yes.					
						to alaba Ess
2.	List all of your priority unsecured claims. If a cleach claim listed, identify what type of claim it is. If	reditor has more than one priority	unsecured claim, list the	e creditor sep	arately for ea	ch claim. For
	nonpriority amounts. As much as possible, list the					
	unsecured claims, fill out the Continuation Page of					
	(For an explanation of each type of claim, see the	instructions for this form in the in	struction booklet.)			
			•	Total claim	Priority	Nonpriority
	_			AND AREA	amount	amount
2.1						
L	District Conditada Norma	Last 4 digits of account numb	oer	\$	\$	\$
	Priority Creditor's Name	18th				
	Number Street	When was the debt incurred?				
	Named State					
		As of the date you file, the cla	im is: Check all that apply.			
	City State ZIP Code	Contingent				
	•	Unliquidated				
	Who incurred the debt? Check one.  Debtor 1 only	Disputed				
	Debtor 2 only	Type of PRIORITY uncopur	d claim:			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecure	eu Ciaiii.			
	At least one of the debtors and another	Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts				
	Check it this claim is for a community debt	Claims for death or personal	njury while you were			
	Is the claim subject to offset?	intoxicated				
	□ No	Other. Specify				
	Yes				EURODOVSKOM BONGO PRZEDNOSTKO I S	n thank than the man the state of the state
2.2		Last 4 digits of account numb	oer	\$	\$	\$
	Priority Creditor's Name	When was the debt incurred?		Y	V	
	Number Street	As of the date you file, the cla	im is: Check all that apply.			
		Contingent				
	City State ZIP Code	Unliquidated				
	,	Disputed				
	Who incurred the debt? Check one.	→ Disputed				
	Debtor 1 only	Type of PRIORITY unsecure	ed claim:			
	Debtor 2 only	☐ Domestic support obligations				
	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts				
	At least one of the debtors and another	☐ Claims for death or personal	-			
	Check if this claim is for a community debt	intoxicated				

Other. Specify

Is the claim subject to offset?

☐ No ☐ Yes Case 19-46192 Doc 1 Filed 10/02/19 Entered 10/02/19 13:47:06
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Debtor 1

First Name

Middle Name Last Name

Case number (if known)\_

· listing any entries on this page, number then	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriori amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
	☐ Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
☐ At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated  Other. Specify			
s the claim subject to offset?				
No				
→ Yes				
e <mark>n en en</mark>	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name	Last 4 digits of account number	Ψ	Ψ	Ψ
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations			
☐ At least one of the debtors and another	Taxes and certain other debts you owe the government			
	<ul> <li>Claims for death or personal injury while you were intoxicated</li> </ul>			
☐ Check if this claim is for a community debt	Other. Specify			
s the claim subject to offset?				
☐ No				
Yes		THE REPORT OF FIGURE OF SUCH		Jordan A Solfrafic of the state
	Last 4 digits of account number	\$	\$	\$
riority Creditor's Name	Last 4 digits of account number	Ψ	Ψ	Ψ
	When was the debt incurred?			
lumber Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PDIODITY			
Debtor 1 only  Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 2 only  Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
	<ul> <li>Claims for death or personal injury while you were intoxicated</li> </ul>			
Check if this claim is for a community debt	Other. Specify	Divinition of the second secon	T COCKER THE CONTRACT OF THE PARTY OF THE PA	
s the claim subject to offset?	Suitable Opposity			
No				
⊒ No ⊒ Yes				

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Debtor 1

DANITA SMITH
First Name Middle N

Middle Name

Last Name

Case number (if known)\_\_

Pa	rt 2: List All of Your NONPRIOR	ITY Un:	secured Clair	ns		
	Do any creditors have nonpriority uns					
	<ul><li>No. You have nothing to report in this</li><li>Yes</li></ul>	part. Su	bmit this form to	the court with your other schedules.		
	nonpriority unsecured claim, list the credi	tor sepai or holds	ately for each cl	cal order of the creditor who holds each claim. If a creditor has aim. For each claim listed, identify what type of claim it is. Do not m, list the other creditors in Part 3.If you have more than three no	list cl	laims already
	ı				То	tal claim
1	CITIMORTGAGE  Nonpriority Creditor's Name			Last 4 digits of account number	\$	139,650.00
	PO BOX 6243			When was the debt incurred?	¥	
	Number Street			<del></del>		
		SD	57117	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	<u> </u>		
	Who incurred the debt? Check one.			☐ Contingent☐ Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only			□ Disputed		
	Debtor 1 and Debtor 2 only		•	Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a communi	ty debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?	_		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
	□ No			Other. Specify	,	
	☐ Yes					
	NC FINANCIAL	T4 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	l e ar travera en ener ence i dan namen ambien de entre de	Last 4 digits of account number	s s	3,500.00
	Nonpriority Creditor's Name			When was the debt incurred?	*	
	175 W JACKSON BV 1000			· Control of the Cont		
	Number Street			As of the date on the district of the second		
		L State	60604 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	•	otate	ZIP Code	☐ Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed		
	Debtor 1 only			☐ Disputed		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a communi	6 al a la 6		Obligations arising out of a separation agreement or divorce		
		ty debt		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			Other. Specify	,	
	☐ Yes					
			erneset er erre er bærtættet ett skrive	от на меня на выболно брание трумов, что в таком ром не з трум не пред выправления сторова деструм с годо от в таком ром не выправления.	kontra Petersete	
	SANTANDER CONSUMER US. Nonpriority Creditor's Name	<u> </u>		Last 4 digits of account number	\$	20,717.00
	PO BOX 961211			When was the debt incurred?		
	Number Street FORT WORTH	TX	76161			
		state	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.			☐ Contingent		
	Debtor 1 only			Unliquidated		
	Debtor 2 only			☐ Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a communi	ty debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority claims		
	□ No			<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li> </ul>	•	
				- Other, Specify		

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Debtor 1

DANITA SMITH

First Name Middle Name

Last Name

Case number (if known)\_\_\_

	-	-,
па		-

#### Your NONPRIORITY Unsecured Claims — Continuation Page

r listing any entries on this page, no	umber the	em beginning with	h 4.4, followed by 4.5, and so forth.	То	tal claim
CALIBER HOME LOANS			Last 4 digits of account number	<sub>\$</sub> _36	5,301.0
Nonpriority Creditor's Name 715 S METROPOLITAN AVE			When was the debt incurred?		
Number Street OKLAHOMA CITY	OK	73108	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check one.			Unliquidated		
Debtor 1 only			☐ Disputed		
☐ Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors and another	•		Obligations arising out of a separation agreement or divorce that		
☐ Check if this claim is for a commu	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
is the claim subject to offset?			Other. Specify		
□ No □ Yes					
CAPITAL ONE BANK USA NA		anticone interesse anni del como anticone de 1944 (como 1974) e electrono.	Last 4 digits of account number	\$	301.0
Nonpriority Creditor's Name					
PO BOX 30281  Number Street					
SALT LAKE CITY	UT	84130	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check one.			Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
lacksquare At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that		
☐ Check if this claim is for a commu	nity debt		you did not report as priority claims		
Is the claim subject to offset?	•		Debts to pension or profit-sharing plans, and other similar debts		
□ No □ Yes			Other. Specify		
EMONEY USA HOLDINGS LL	_C	ng Ti Ti di di di Si Peterli Peter (AT A Ti Atan') sana mengantan manakan manakan manakan sana sana sana sana s	Last 4 digits of account number	\$	850.0
Nonpriority Creditor's Name			When was the debt incurred?		
8700 STATE LINE RD 350 Number Street					
LEAWOOD	KS	66206	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check one.			Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a commu	nity debt		you did not report as priority claims		
Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify		
□ No □ Yes			— Outon Opedity		

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Debtor 1

DANITA SMITH

Last Name

Case number (if known)

Pa	rt	3

#### List Others to Be Notified About a Debt That You Already Listed

	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check analy Dept 1) Creditors with Princity Hagacured Claims
Number Street	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Number Succes	
	Last 4 digits of account number
City State Z	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured
	Claims
City State 2	Last 4 digits of account number
lame	On which entry in Part 1 or Part 2 did you list the original creditor?
vanie	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured
City State 2	Last 4 digits of account number
Name	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
City State 2	IP Code
Name	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured Claims
	<del></del>
City State 2	Last 4 digits of account number
Name	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
City State 2	IP Code
Name	On which entry in Part 1 or Part 2 did you list the original creditor?
Number Street	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
	Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number

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Debtor 1

ATINAC	SMITH
First Name	Middle N

Last Name

Case number (if known)\_

Part 4:

#### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims	6a. Domestic support obligations	6a.	\$
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	+\$
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$
			Total claim
Total claims	6f. Student loans	6f.	\$
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$201,319.00
	6j. <b>Total.</b> Add lines 6f through 6i.	6j.	\$

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Fill i			
	n this information to identify your case:		
	DANITA SMITH		
Debto	or 1 First Name Middle Name	Last Name	
Debto			
(Spou	ise, if filing) First Name Middle Name	Last Name	
Unite	d States Bankruptcy Court for the: Eastern District of	of Missouri	
Case	number		☐ Check if this is an
(If kno	own)		amended filing
Offi	cial Form 106E/F		
Scl	hedule E/F: Creditors V	Vho Have Unsecured	Claims 12/15
List th A/B: P credite neede	ne other party to any executory contracts or a Property (Official Form 106A/B) and on Sched ors with partially secured claims that are list ad, copy the Part you need, fill it out, number dditional pages, write your name and case no	unexpired leases that could result in a cla fule G: Executory Contracts and Unexpired ed in Schedule D: Creditors Who Have Co the entries in the boxes on the left. Attac umber (if known).	d Part 2 for creditors with NONPRIORITY claims. aim. Also list executory contracts on Schedule ed Leases (Official Form 106G). Do not include any laims Secured by Property. If more space is the the Continuation Page to this page. On the top of
rant	List All of Your PRIORITY Onsecur	ed Claims	
	any creditors have priority unsecured claim	s against you?	
	No. Go to Part 2.		
	Yes.	roditor has more than one priority unconverse	Julian liet the graditor reportation for each claim. For
			d claim, list the creditor separately for each claim. For nounts, list that claim here and show both priority and
nor	npriority amounts. As much as possible, list the secured claims, fill out the Continuation Page of	claims in alphabetical order according to the	e creditor's name. If you have more than two priority
	or an explanation of each type of claim, see the		
(, -			Total claim Priority Nonpriority
$\neg$			amount amount
2.1		Last 4 digits of account number	\$ \$\$
Pi	riority Creditor's Name		
N	lumber Street	When was the debt incurred?	<del></del>
_		As of the date you file, the claim is: Chec	k all that anniv
		The of the date you me, the oldin to. once	in an arappiy.
		Contingent	
Ci	State ZIP Code	Contingent	
	State ZIP Code  Who incurred the debt? Check one.	Unliquidated	
W	Who incurred the debt? Check one.  Debtor 1 only	_	
W	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only	Unliquidated	
<b>W</b>	Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed	
<b>W</b>	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim:	e governm <b>e</b> nt
<b>W</b>	Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the	
<b>W</b>	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the ☐ Claims for death or personal injury while y intoxicated	ou were
W	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the ☐ Claims for death or personal injury while y	ou were
W C C Is	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	<ul> <li>□ Unliquidated</li> <li>□ Disputed</li> <li>Type of PRIORITY unsecured claim:</li> <li>□ Domestic support obligations</li> <li>□ Taxes and certain other debts you owe the</li> <li>□ Claims for death or personal injury while y intoxicated</li> <li>□ Other. Specify</li> </ul>	ou were
W C C	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset? No	☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the ☐ Claims for death or personal injury while y intoxicated ☐ Other. Specify	ou were
W	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset? No	☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the intoxicated ☐ Other. Specify	ou were
W C C S Is	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset? No Yes	☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the ☐ Claims for death or personal injury while y intoxicated ☐ Other. Specify	ou were
W C C S Is	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset? No Yes	☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the claims for death or personal injury while y intoxicated ☐ Other. Specify	ou were
.2 Pr	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset? No Yes	☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the ☐ Claims for death or personal injury while y intoxicated ☐ Other. Specify	ou were
.2 Pr	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset? No Yes  riority Creditor's Name	☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the ☐ Claims for death or personal injury while y intoxicated ☐ Other. Specify  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Chec	ou were
W C Is Is Pr	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset? No Yes  riority Creditor's Name  umber Street  State ZIP Code	□ Unliquidated □ Disputed  Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the □ Claims for death or personal injury while y intoxicated □ Other. Specify  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Chect □ Contingent □ Unliquidated	ou were
.2 Pr	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset? No Yes  riority Creditor's Name  umber Street  State ZIP Code Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the ☐ Claims for death or personal injury while y intoxicated ☐ Other. Specify  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Chec ☐ Contingent ☐ Unliquidated ☐ Disputed	ou were
.2 Pr	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset? No Yes  riority Creditor's Name  umber Street  State ZIP Code Who incurred the debt? Check one. Debtor 1 only	☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the ☐ Claims for death or personal injury while y intoxicated ☐ Other. Specify  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Chec ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim:	ou were
2   Pr	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset? No Yes  Triority Creditor's Name  The incurred the debt? Check one. Debtor 1 only Debtor 2 only	□ Unliquidated □ Disputed  Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the □ Claims for death or personal injury while y intoxicated □ Other. Specify  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Chece □ Contingent □ Unliquidated □ Disputed  Type of PRIORITY unsecured claim: □ Domestic support obligations	ou were \$\$ \$\$ \$\$
.2 Pr	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset? No Yes  Triority Creditor's Name  The incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the ☐ Claims for death or personal injury while y intoxicated ☐ Other. Specify  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Chec ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim:	ou were \$\$ \$\$ \$\$
2   Fr   W	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt the claim subject to offset? No Yes  riority Creditor's Name  umber Street  State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	□ Unliquidated □ Disputed  Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the □ Claims for death or personal injury while y intoxicated □ Other. Specify  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Checcle Contingent □ Unliquidated □ Disputed  Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the Claims for death or personal injury while ye	ou were
2 Pr	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset? No Yes  Triority Creditor's Name  The incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Check if this claim is for a community debt	□ Unliquidated □ Disputed  Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the □ Claims for death or personal injury while y intoxicated □ Other. Specify  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Checcle Contingent □ Unliquidated □ Disputed  Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the claims for death or personal injury while yeintoxicated	e government ou were
Is City W	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt the claim subject to offset? No Yes  riority Creditor's Name  umber Street  State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	□ Unliquidated □ Disputed  Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the □ Claims for death or personal injury while y intoxicated □ Other. Specify  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Checcle Contingent □ Unliquidated □ Disputed  Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the Claims for death or personal injury while ye	e government ou were

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Debtor 1

☐ Yes

DANITA SMITH
First Name Middle Name

Last Name

Case number (if known)\_

listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriorit amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
	_			
City State ZIP Code	☐ Contingent☐ Unliquidated			
State Zir Gode	Disputed			
Who incurred the debt? Check one.	<b>—</b> 5.054.00			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
<b>7</b>	<ul> <li>Claims for death or personal injury while you were intoxicated</li> </ul>			
☐ Check if this claim is for a community debt	Other. Specify			
- the eleien authiopt to effect?	- Culor. openly			
s the claim subject to offset?				
☑ No ☑ Yes				
менен жана на на на на на на постанот на почет на население и не на население на население на население на нас На население на насе		artin samatan ada maran aran aran aran aran aran aran ar	ф	\$
riority Creditor's Name	Last 4 digits of account number	<b>\$</b>	\$	<b>\$</b>
Horky Greditor's Hame	WII			
lumber Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	•			
	Contingent			
City State ZIP Code	Unliquidated			
	☐ Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	☐ Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated			
- Check it this claim is for a community debt	Other. Specify			
s the claim subject to offset?				
No No				
Types	STATES ST	TO SECURE AT THE PROPERTY OF SECURE AND ADMINISTRATION OF THE SECURE	CASE OF A CONTROL OF STREET	and representative to the Anne Anne
	Lock A digita of account your box	\$	\$	\$
riority Creditor's Name	Last 4 digits of account number	Ψ		<b>*</b>
	When was the debt incurred?			
umber Street	When was the debt incurred?			
lumber Street				
lumber Street	As of the date you file, the claim is: Check all that apply.			
	As of the date you file, the claim is: Check all that apply.  □ Contingent			
Number Street  Dity State ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated			
City State ZIP Code	As of the date you file, the claim is: Check all that apply.  □ Contingent			
City State ZIP Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed			
State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated			
State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed			
Oity State ZIP Code  Who incurred the debt? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim:			
	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim:  Domestic support obligations			
State ZIP Code  Who incurred the debt? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim:  Domestic support obligations Taxes and certain other debts you owe the government	NA ADDITIONATION THE PROPERTIES AND THE		

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Debtor 1

DANITA SMITH

irst Name	Middle Name

Case number (if known)\_

	Litzt Mattle Mittage Mattle	Last Name	•			
Pa	rt 2: List All of Your NONPRIO	RITY Uns	secured Claim	ns .		
3.	Do any creditors have nonpriority un  ☐ No. You have nothing to report in th ☐ Yes					
4.	nonpriority unsecured claim, list the cred	ditor separ ditor holds	ately for each cla	al order of the creditor who holds each claim. If a creditor had aim. For each claim listed, identify what type of claim it is. Do no n, list the other creditors in Part 3.If you have more than three no	t list clai	ms already
	-	art Z.			Tota	l claim
1	EMONEY USA HOLDINGS LL	.C		Last 4 digits of account number	•	1,550.00
	Nonpriority Creditor's Name 8700 STATE LINE RD 350			When was the debt incurred?	Φ	-1,000100
	Number Street			<del></del>		
	LEAWOOD City	KS State	66206 ZIP Code	As of the date you file, the claim is: Check all that apply.		
		Cidio	211 0000	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONDBIODITY uncoured claim:		
	<ul><li>□ Debtor 1 and Debtor 2 only</li><li>□ At least one of the debtors and another</li></ul>			Type of NONPRIORITY unsecured claim:		
				<ul> <li>         □ Student loans         □ Obligations arising out of a separation agreement or divorce     </li> </ul>		
	☐ Check if this claim is for a commu	nity debt		that you did not report as priority claims		
	Is the claim subject to offset?  ☐ No			<ul> <li>Debts to pension or profit-sharing plans, and other similar debt</li> <li>Other. Specify</li> </ul>		
	Yes			Offier. Specify		
2	ALOIRAV, LLC DBA BASIX	±1000000000000000000000000000000000000	alandek en aranka eta (epa arret etas 1266a).	Last 4 digits of account number	\$	4,000.00
	Nonpriority Creditor's Name			When was the debt incurred?		,
	6636 HOLLYWOOD BV					
	Number Street LOS ANGELES	CA	90028	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	<ul><li>Debtor 1 and Debtor 2 only</li><li>At least one of the debtors and another</li></ul>			☐ Student loans		
				Obligations arising out of a separation agreement or divorce		
	Check if this claim is for a commu	nity debt		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debt	c	
	Is the claim subject to offset? ☐ No			☐ Other. Specify		
	Yes					
3	ONE MAIN FINANCIAL		and were an analysiske and Challet a first country make an over the carbot	Last 4 digits of account number	•	8,293.00
	Nonpriority Creditor's Name PO BOX 1010			When was the debt incurred?	\$	- 0,200.00
	Number Street			_		
	EVANSVILLE City	State	47706 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.	0.0.0	<i></i>	☐ Contingent		
	Debtor 1 only			☐ Unliquidated		
	Debtor 2 only			☐ Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a commu	nity debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debt	s	
	☐ No ☐ Yes			Other. Specify		
	<b>—</b> ; €5					

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Debtor 1

DANITA SMITH

rst Name Middle Na

Last Name

Case number (if known)\_\_\_\_

|--|

#### Your NONPRIORITY Unsecured Claims — Continuation Page

Aft	er listing any entries on this page, n	umber the	m beginning with 4	.4, followed by 4.5, and so forth.	Total claim
	JPMCB AUTO FINANCE			Last 4 digits of account number	\$ 25,928.00
	Nonpriority Creditor's Name PO BOX 901003			When was the debt incurred?	
	Number Street FORT WORTH	TX	76101	As of the date you file, the claim is: Check all that apply.	
	City  Who incurred the debt? Check one.	State	ZIP Code	<ul><li>☐ Contingent</li><li>☐ Unliquidated</li><li>☐ Disputed</li></ul>	
	Debtor 1 only Debtor 2 only			Type of NONDRIODITY upgooured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of <b>NONPRIORITY</b> unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commu	ınitv debt		you did not report as priority claims	
	Is the claim subject to offset? ☐ No ☐ Yes	,		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
	CITIFINANCIAL		al permitten manuschen unt misse von det eine Herzelberg von der	Last 4 digits of account number	\$ 9,838.00
	Nonpriority Creditor's Name	•		When was the debt incurred?	
	PO BOX 6217  Number Street			when was the dept incurred:	
	SIOUX FALLLS	SD	57117	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
	<ul> <li>□ Debtor 1 only</li> <li>□ Debtor 2 only</li> <li>□ Debtor 1 and Debtor 2 only</li> <li>□ At least one of the debtors and another</li> </ul>			Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☐ No ☐ Yes			Other. Specify	
	CITIFINANCIAL AUTO	demandrature e state		Last 4 digits of account number	\$ 25,322.00
	Nonpriority Creditor's Name			<del>-</del>	
	2208 HWY 121 100  Number Street			When was the debt incurred?	
	Number Street BEDFORD	TX	76021	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
	<ul> <li>□ Debtor 1 only</li> <li>□ Debtor 2 only</li> <li>□ Debtor 1 and Debtor 2 only</li> <li>□ At least one of the debtors and another</li> </ul>			Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claims	
	Is the claim subject to offset?  ☐ No ☐ Yes	-		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	

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Debtor 1

DANITA SMITH First Name

Last Name

Case number (if known)

Part 3:

#### List Others to Be Notified About a Debt That You Already Listed

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number	Street			□ Part 2: Creditors with Nonpriority Unsecured Claim
				Last 4 digits of account number
City	restaur son te de la contrata esta munta de la	State	ZIP Code	
Name			· · · · · ·	On which entry in Part 1 or Part 2 did you list the original creditor?
	•			Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
	ar sanasan lawa samua salapa nagata samujung paggan ang salaba.		nd an american <u>a campan</u> a and campana property of the	On which entry in Part 1 or Part 2 did you list the original creditor?
lame			<del></del>	
Number	Street		<u></u>	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
ar Internet i ceitar e	is subject to the understanding the con-	s de umanero ser con material demonstration in a		On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
lumber	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
lity	The state of the s	State	ZIP Code	Last 4 digits of account number
Name			<del></del> ,	On which entry in Part 1 or Part 2 did you list the original creditor?
14.110				Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number	Street		<del></del>	☐ Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
vaniber	Oli Cel			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
lome			A CONTRACTOR OF THE PARTY OF TH	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number

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Debtor 1

DANITA SMITH First Name

Middle Name

Last Name

Case number (if known)\_

Part 4:

#### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims	6a. Domestic support obligations	6a.	\$
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	+\$
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$
			Total claim
Total claims	6f. Student loans	6f.	\$
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$74,931.00
	6j. <b>Total.</b> Add lines 6f through 6i.	6j.	\$

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Last 4 digits of account number   \$ \$ \$ \$	Fill in this information to identify your case:	3		
Entitlorie   Debtor 2   Closes, Effect   Furthern   Livillane	DANITA SMITH			
Check if this is an amended filling   Check if this is an amended filling	Debtoi	Last Name		
Unlead States Barrlouptey, Court for her: Eastern District of Missouri  Case number  Official Form 106E/F  Schedule E/F; Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or Schedule Arry Property Gridinal Form 1064, Do rot include any additional pages, wife your name and case number of Executory Contracts and Unexpired Leases (Official Form 1064, Do rot include any additional pages, write your name and case number of finoury).  Point II List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For seath claim lead, identify what type of claim is s. If a claim has both priority and nonpriority announts, list that claim has both priority and explanation of each type of claim, see the instructions for this form in the instruction booklet.)  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Prestly Cacinin's Name  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Only See Sec Sec Community debt is the claim subject to offset?    Non-section of the debtor and another   Debtor 1 and Debtor 2 only   Debtor 1 and Deb				
Case number		r,		
Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible, list be convergent dates that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory of the executory contracts on Schedule AB: Property (Official Form 106AP) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with pages, write your mean and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?    No. Go to Part 2.   Yes.   List All of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim fliend, disenfly what type of claim its. If a claim has both priority and nonpriority anounts. As much as possible, list the claims in alphabetical order according to the creditor and show both priority and nonpriority anounts. As much as possible, list the claims in alphabetical order according to the creditor and show both priority and nonpriority anounts. As much as possible, list the claims in alphabetical order according to the creditor and show both priority and nonpriority anounts. As much as possible, list the claims in alphabetical order according to the creditor and show both priority and nonpriority anounts. As much as possible, list the claims in alphabetical order according to the creditor and show both priority and nonpriority anounts. As much as possible, list the claims in alphabetical order according to the creditor and show both priority and nonpriority anounts. As much as possible, list the claims and priority and the contract of the case of the c	United States Bankruptcy Court for the: Eastern District o	f Missouri		Chook if this is an
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Act Property (Official Form 1064) and on Property and a schedule and year and y				
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Also Property (Official Form 1648) and on Schedule 6: Executory Contracts and Inexpired Leases (Official Form 1648) and on Schedule 6: Executory Contracts with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property: If more space is needed, copy the Part you rend it ill to ut, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 15  List All of Your PRIORITY Unsecured Claims  All of Your PRIORITY Unsecured claims against you?  No. Go to Part 2.  Yes.  2. List all of Your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim is 1. If a claim has both priority and nonpriority amounts. As much as passible, list the claims in slipbetical order according to the creditors amen if you have more than hore and show both priority and nonpriority amounts. As much as passible, list the claims in slipbetical order according to the creditors amen if you have more than two priority unsecured claims, lind at the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the creditor separately for each claim. For each claim listed, identify what type of claims, see the instructions for this form in the instruction bookel.)  Total claim Priority amount and priority and the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the creditor separately for each claim secure claims. In part 2.  Total claim Priority amount and pathod priority and page 1. If the claim subject to offset?    Debuter 1 and Debtor 2 on	Official Form 106E/F			
List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule ABP. Property (Official Form 1966, D) and included any creditors with partially secured claims that are listed in Schedule D: Creditors With Part Claims Secured Learn Secured Learn Secured Learn Secured Learn Secured Learn Secured Learn Secured Secur	Schedule E/F: Creditors W	/ho Have Unsecured	Claims	12/15
1. Do any creditors have priority unsecured claims against you?    Ves.	List the other party to any executory contracts or u A/B: Property (Official Form 106A/B) and on Sched creditors with partially secured claims that are listeneeded, copy the Part you need, fill it out, number any additional pages, write your name and case number to the contract of the	nexpired leases that could result in a cla ule G: Executory Contracts and Unexpire ed in Schedule D: Creditors Who Have Cla the entries in the boxes on the left. Attacl mber (if known).	im. Also list executory co d Leases (Official Form 1 aims Secured by Property	ontracts on <i>Schedule</i> 06G). Do not include any v. If more space is
No. Go to Part 2.				
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim itsel, identify what type of claim itsel, dentify what type of claim is is if a claim has both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditor's name if you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditor's name if you have more than two priority unsecured claims. If you have more than two priority unsecured claims, list the claim is the other creditor's name.    Priority Creditor's Name		s against you?		
each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts. As much as possible, list the claim is nightabetetal order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim  Priority amount  Total claim. Is the other creditors in Part 3.  Total claim. Is the claim is the advertance in Part 4.  Total claim. Priority amount.  Total claim. Is the claim is the claim is the claim is the claim is the	☐ Yes.			
Priority Creditor's Name	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the cunsecured claims, fill out the Continuation Page of	a claim has both priority and nonpriority amo claims in alphabetical order according to the Part 1. If more than one creditor holds a par	ounts, list that claim here an creditor's name. If you hav ticular claim, list the other c	nd show both priority and e more than two priority
Priority Creditor's Name  When was the debt incurred?  As of the date you file, the claim is; Check all that apply.  City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  Number Street  Last 4 digits of account number \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(For an explanation of each type of claim, see the i	nstructions for this form in the instruction bo		
Priority Creditor's Name   When was the debt incurred?	2.1		¢	¢ ¢
As of the date you file, the claim is: Check all that apply.    Contingent	Priority Creditor's Name	Last 4 digits of account number	Ψ	ΨΨ
As of the date you file, the claim is: Check all that apply.    City   State   ZiP Code   Unliquidated   Unliqu	Number Street	When was the debt incurred?		
Contingent   Unliquidated   Disputed   Dis	Number Sileet	As of the date you file the claim is: Cheek	all that apply	
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Street  Mon incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Claims subject to offset? No Street  As of the debt incurred?  As of the date you file, the claim is: Check all that apply. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify Other. Specify Other. Specify Other. Specify		•	ан тагарру.	
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 new bettors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Last 4 digits of account number Street  As of the date you file, the claim is: Check all that apply. Cliy State ZiP Code Who incurred the debt? Check one. Disputed  Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated Intoxicated Other. Specify  When was the debt incurred?  As of the date you file, the claim is: Check all that apply. Cliy State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Other. Specify Other. Specify Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify Other. Specify Other. Specify Other. Specify Other. Specify	City State ZIP Code			
Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Domestic support obligations   Taxes and certain other debts you owe the government   Claims for a community debt   Is the claim subject to offset?   Other. Specify   Other. Specify   Other. Specify   Other. Specify   Other was the debt incurred?   As of the date you file, the claim is: Check all that apply.   Contingent   Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 3 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 2 only   Debtor 3 only   Debtor 4 on				
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Unliquidated Disputed  Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated Unliquidated Disputed  Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated  Other. Specify Other. Specify Other. Specify Other. Specify Other. Specify		·		
At least one of the debtors and another		Type of PRIORITY unsecured claim:		
Check if this claim is for a community debt   Is the claim subject to offset?   Claims for death or personal injury while you were intoxicated   Other. Specify   Other. Speci		, .		
Is the claim subject to offset?    No				
No	·		u were	
Last 4 digits of account number \$ \$ \$  Priority Creditor's Name  When was the debt incurred?  Number Street  As of the date you file, the claim is: Check all that apply.  City State ZIP Code Unliquidated  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No				
Last 4 digits of account number   \$ \$ \$ \$	☐ Yes			
When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City State ZIP Code Unliquidated  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify	2.2			
As of the date you file, the claim is: Check all that apply.  City State ZIP Code Unliquidated  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify	Priority Creditor's Name		<b></b> \$	\$\$
As of the date you file, the claim is: Check all that apply.  City State ZIP Code Unliquidated Unliquidated Unliquidated Disputed  Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated  Other. Specify Other. Specify	Number Street	when was the debt incurred?		
Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No  Unliquidated □ Disputed  Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify □	Number Street	As of the date you file, the claim is: Check	all that apply.	
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated  Other. Specify  Other. Specify		☐ Contingent		
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No  Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify □	City State ZIP Code			
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No		☐ Disputed		
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset? No Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated  Other. Specify  Other. Specify		Type of PRIORITY unsecured claim:		
□ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No	<del>-</del>			
☐ Check if this claim is for a community debt  Is the claim subject to offset? ☐ No ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify			government	
Is the claim subject to offset?  Other. Specify			=	
□ No	•	intoxicated		
	☐ No	Other. Specify		

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Debtor 1

☐ Yes

DANITA SMITH
First Name Middle Name

Last Name

Case number (if known)\_

r listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
Other TID Code	☐ Contingent ☐ Unliquidated			
City State ZIP Code	Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	Taxes and certain other debts you owe the government			
	<ul> <li>Claims for death or personal injury while you were intoxicated</li> </ul>			
☐ Check if this claim is for a community debt	Other. Specify			
s the claim subject to offset?				
□ No				
Yes	PIL CIZE TO THE MEMORIAN & BENOW, A PROPERTY AND THE MEMORIAN AND PROPERTY OF LANCE OF THE WEST PROPERTY.	ar anna in al-airean de la calenta anna ann an ann an ann an ann an an an	SSENIET HELLINGSETTER SENIET DE FELVENTEN FRANK	
	Last 4 digits of account number	\$	\$	\$
riority Creditor's Name				
umber Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
ity State ZIP Code	Unliquidated			
.,	☐ Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
Check if this claim is for a community debt	☐ Claims for death or personal injury while you were intoxicated			
Check if this claim is for a community debt	Other. Specify			
s the claim subject to offset?				
Yes	A TO REPORT AND A PROGRAMMENT OF THE PROGRAMMENT OF			
	Last 4 digits of account number	\$		
riority Creditor's Name		-		
umber Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
ity State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated  Other. Specify		Think with relate Courts and real Representations	
s the claim subject to offset?				
□ No				

Case 19-46192 Doc 1 Filed 10/02/19 Entered 10/02/19 13:47:06 Main Document Pg 53 of 100 DANITA SMITH Debtor 1 Case number (if known) Middle Name Part 2: **List All of Your NONPRIORITY Unsecured Claims** 3. Do any creditors have nonpriority unsecured claims against you? oxdet No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim** ACCOUNT RESOLUTION CORPO Last 4 digits of account number 260.00 Nonpriority Creditor's Name When was the debt incurred? 700 GODDARD AVE Number Street CHESTERFIELD MO 63005 As of the date you file, the claim is: Check all that apply. State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No Other. Specify ☐ Yes 2.250.00 NCB MANAGMENT SERVICES Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1 ALLIED DR Number As of the date you file, the claim is: Check all that apply. **TREVOSE** PA 19053 State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ■ Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify\_ ☐ No Yes CREDIT COLLECTION SOLUTION Last 4 digits of account number 1,296.00 Nonpriority Creditor's Name When was the debt incurred? 2921 BROWN TRL 100 Number Street **BEDFORD** TX 76021 As of the date you file, the claim is: Check all that apply. ZIP Code State Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

that you did not report as priority claims

Other. Specify

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

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Debtor 1

DANITA SMITH
First Name Middle Name

Last Name

Case number (if known)\_

After listing any entries on t	his page, number them	beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
TRANSWORLD SYS	STEM INC		Last 4 digits of account number	\$ 15,403.17
Nonpriority Creditor's Name 1105 SCHROCK RO	DAD SUITE 300		When was the debt incurred?	
Number Street		40000	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> </ul>	
COLUMBUS	OH State	43229 ZIP Code	_ ☐ Contingent	
•			Unliquidated	
Who incurred the debt?	Check one.		☐ Disputed	
Debtor 1 only			To a of NONDDIODITY upgestured elemen	
☐ Debtor 2 only☐ Debtor 1 and Debtor 2 or	alv		Type of NONPRIORITY unsecured claim:	
At least one of the debtor			<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a separation agreement or divorce that</li></ul>	
☐ Check if this claim is			you did not report as priority claims	
	•		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to off	set?		Other. Specify	
☐ No ☐ Yes				
SPECIFIED CREDIT	Γ ASSOCIATION . I	NC	Last 4 digits of account number	\$ 24,682.50
Nonpriority Creditor's Name				
2388 SCHUETZ SU	ITE: A-100		- Aviien was the dept incurred?	
Number Street ST.LOUIS	МО	63146	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Miles in summed the delete of	No. of a second		Unliquidated	
Who incurred the debt?	Sheck one.		☐ Disputed	
☐ Debtor 1 only☐ Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 or	nly			
☐ At least one of the debtor			<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a separation agreement or divorce that</li></ul>	
☐ Check if this claim is	for a community debt		you did not report as priority claims	
	-		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to off	set?		Other. Specify	
☐ No ☐ Yes				
BJC HEALTH CARE		TOTT OF THE SULPS OF THE THE THE PROPERTY OF T	Last 4 digits of account number	\$ 331.44
Nonpriority Creditor's Name			When was the debt incurred?	
PO BOX 953798  Number Street				
ST.LOUIS	MO	63195	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt?	Check one		☐ Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 or	•		☐ Student loans	
At least one of the debtor	rs and another		Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is	for a community debt		you did not report as priority claims	
Is the claim subject to off	set?		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
□ No			- Sitiof, Opening	
☐ Yes				

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Debtor 1

DANITA SMITH
First Name Middle Name

Last Name

Case number (if known)\_\_\_\_\_

Part 3:

#### List Others to Be Notified About a Debt That You Already Listed

dditional o			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Chack anal):  Part 1: Craditors with Priority Unsecuted Claims
Number	Street		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
			· · ·
Oib.		710.0	Last 4 digits of account number
City		State ZIP Code	et at a new et eligent de ment form de l'annagement de la grot de la propriété agrection à materiale par et de grot de la
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured
			Claims 
City		State ZIP Code	Last 4 digits of account number
ETETE DESCRIPTION			On which codes in Post 4 or Post 2 distance Pot 4 to a sinter Locality C
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured Claims
			- Cidillis
City		State ZIP Code	Last 4 digits of account number
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			- · · · · · · · · · · · · · · · · · · ·
Number	Street		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number
City		State ZIP Code	Last 4 digits of account number
11			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured
			Claims
			Last 4 digits of account number
City		State ZIP Code	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured
			Claims
City		State ZIP Code	Last 4 digits of account number
- Control Manager		STATE A LINE OF THE PARTY OF TH	On the last the state of the last the l
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
llumb	Chroni		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured
			Claims

Last 4 digits of account number \_\_\_\_

ZIP Code

State

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Debtor 1

DANITA	SMITH

st Name Middle Name

Case number (if known)\_\_\_\_\_

Part	4:

#### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$
·	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$
	6d.	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	+ \$
	6e.	Total. Add lines 6a through 6d.	6e.	\$
				Total claim
Total claims	6f.	Student loans	6f.	\$
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$ 44,223.11
	6j. <b>*</b>	<b>Total.</b> Add lines 6f through 6i.	6j.	\$

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Fil	I in this information to identify your case:				
De	btor 1 DANITA SMITH				
	First Name Middle Name	Last Name			
	btor 2 ouse, if filing) First Name Middle Name	Last Name			
Un	ited States Bankruptcy Court for the: Distr	ict of		<b>—</b>	
	se number known)				if this is an led filing
Of	ficial Form 106E/F				
Sc	chedule E/F: Creditors W	ho Have Unsecured Clain	15		12/15
List A/B: cred need any	the other party to any executory contracts or use Property (Official Form 106A/B) and on Schedulitors with partially secured claims that are lister	,	st executory cor Official Form 10 ed by Property.	ntracts on <i>Sci</i> 6G). Do not in If more space	edule clude any is
[	Do any creditors have priority unsecured claims ☑ No. Go to Part 2. ☑ Yes.	against you?			
2. i	List all of your priority unsecured claims. If a cre each claim listed, identify what type of claim it is. If a nonpriority amounts. As much as possible, list the c	editor has more than one priority unsecured claim, list the claim has both priority and nonpriority amounts, list the laims in alphabetical order according to the creditor's neart 1. If more than one creditor holds a particular claim setructions for this form in the instruction booklet.	at claim here and ame. If you have	d show both pr more than two	ority and priority
(	i of an explanation of each type of claim, see the ii	istructions for this form in the instruction bookiet.	Total claim	Priority	Nonpriority
				amount	amount
2.1	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
		When was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that apply	ı		
		Contingent	,		
	City State ZIP Code	☐ Unliquidated			
	Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed			
	Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
	At least one of the debtors and another	☐ Taxes and certain other debts you owe the government			
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were			
	Is the claim subject to offset? ☐ No	intoxicated  Other. Specify			
	Yes				
2.2	ONE MATERIAL CONTROL CONTROL CONTROL OF THE PROPERTY OF THE PR	Last 4 digits of account number			
	Priority Creditor's Name	When was the debt incurred?	<b></b>	Φ	Φ
	Number Street				
		As of the date you file, the claim is: Check all that apply	/.		
	City State ZIP Code	☐ Contingent ☐ Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only				
	Debtor 2 only	Type of PRIORITY unsecured claim:  Domestic support obligations			
	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated			
	Is the claim subject to offset? ☐ No	Other. Specify	-		

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Debtor 1

☐ Yes

DANITA SMITH
First Name Middle Name

Last Name

Case number (if known)\_

After listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	<ul> <li>☐ Domestic support obligations</li> <li>☐ Taxes and certain other debts you owe the government</li> </ul>			
At least one of the debtors and another	Claims for death or personal injury while you were			
lacksquare Check if this claim is for a community debt	intoxicated  Other. Specify			
Is the claim subject to offset?				
□ No				
☐ Yes				
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	☐ Contingent ☐ Unliquidated			
State ZIP Code	Disputed			
Who incurred the debt? Check one.	■ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	☐ Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated			
	Other. Specify			
Is the claim subject to offset?				
☐ No ☐ Yes				
THE THE STATE OF T		errette i eta artiko kiirilakkoorkaala artikaan kaksiin kaksiin kaksiin ka	ed webster instance on a waves on a successivity in the	terina), de Palace II institute (ille i selacio la
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	☐ Contingent ☐ Unliquidated			
5.00 Zii 0000	Disputed			
Who incurred the debt? Check one.	,			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
☐ At least one of the debtors and another	Claims for death or personal injury while you were			
lacksquare Check if this claim is for a community debt	intoxicated		eritainen eritainin	CATA Administration to the state of the stat
Later the state of the	Other. Specify			
Is the claim subject to offset? ☐ No				

Doc 1 Filed 10/02/19 Entered 10/02/19 13:47:06 Main Document Pg 59 of 100 DANITA SMITH Case number (if known)

Debtor 1

☐ Yes

Part 2: **List All of Your NONPRIORITY Unsecured Claims** 3. Do any creditors have nonpriority unsecured claims against you? 🔲 No. You have nothing to report in this part. Submit this form to the court with your other schedules. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim WASHINGTON UNIVERSITY PHYSICIANS Last 4 digits of account number 252.61 Nonpriority Creditor's Name When was the debt incurred? PO BOX 505462 Number Street ST.LOUIS MO 63150 As of the date you file, the claim is: Check all that apply. State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No Yes Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. ZIP Code Contingent ☐ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify ☐ No ☐ Yes Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. City ZIP Code Contingent Who incurred the debt? Check one. ☐ Unliquidated Debtor 1 only ☐ Disputed Debtor 2 only ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No Other. Specify

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Debtor 1

DANITA SMITH

Last Name

Case number	(if known)	
Case Hulling	(II Known)	 

Part 3:

#### List Others to Be Notified About a Debt That You Already Listed

	additional person	is to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street		☐ Part 2: Creditors with Nonpriority Unsecured Claim
		Last 4 digits of account number
City State	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		_
lumber Street		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
		Claims
City State	ZIP Code	Last 4 digits of account number
Vame		On which entry in Part 1 or Part 2 did you list the original creditor?
and		Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street		☐ Part 2: Creditors with Nonpriority Unsecured Claims
City State	ZIP Code	Last 4 digits of account number
indistrumental and the members of the property and anyther anyther consistency of the second and		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber Street		☐ Part 2: Creditors with Nonpriority Unsecured Claims
Sity State	ZIP Code	Last 4 digits of account number
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
valite		Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured Claims
City State	ZIP Code	Last 4 digits of account number
NASARANY NOTA THE CONTRACTOR SETTING AND THE SETTING THE SETTING AND THE SET		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street		☐ Part 2: Creditors with Nonpriority Unsecured Claims
City State	ZIP Code	Last 4 digits of account number
Vame		On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number
City State	ZIP Code	g.,o o , arovalis lialinos

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Debtor 1

DANITA SMITH First Name

Middle Name

Last Name

Case number (if known)\_

Part 4:

#### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only, 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims	6a. Domestic support obligations	6a.
from Part 1	6b. Taxes and certain other debts you owe the government	6b. \$
	6c. Claims for death or personal injury while you were intoxicated	6c. \$
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. + <sub>\$</sub>
	6e. <b>Total.</b> Add lines 6a through 6d.	6e. \$
		Total claim
Fotal claims	6f. Student loans	6f.
rom Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. §
	<ol> <li>Other. Add all other nonpriority unsecured claims.</li> <li>Write that amount here.</li> </ol>	6i. <b>+</b> \$
	6j. <b>Total.</b> Add lines 6f through 6i.	6j. \$392,232.37

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Fill in this information to identify your case:	
Debtor DANITA SMITH First Name Middle Name Last Name	
Debtor 2 (Spouse If filing) First Name Middle Name Last Name	
	7
Case number	ad
(If known)	☐ Check if this is an amended filing
Official Form 106G	
Schedule G: Executory Contracts and	d Unexpired Leases 12/15
Be as complete and accurate as possible. If two married people are filing to	
information. If more space is needed, copy the additional page, fill it out, n	
additional pages, write your name and case number (if known).	
Do you have any executory contracts or unexpired leases?	
No. Check this box and file this form with the court with your other sche	
Yes. Fill in all of the information below even if the contracts or leases are	re listed on Schedule A/B: Property (Official Form 106A/B).
<ol><li>List separately each person or company with whom you have the cont example, rent, vehicle lease, cell phone). See the instructions for this for</li></ol>	
unexpired leases.	m in the mediation bookiet by more examples of executory contracts and
Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1 CALIBED HOME LOANS	LIONATIONAL
CALIBER HOME LOANS Name	HOME LOAN
PO BOX 270415	
Number Street OKLAHOMA CITY OK 73137	
City State ZIP Code	_
2.2	
Name	_
Number Street	
Other Control of the	-
City State ZIP Code 2.3	بالمراجع والمراجع المراجع المراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والم
Name	_
Number Street	
City State ZIP Code	<del></del>
2.4	
Name	
Number Street	
City State ZIP Code	_
2.5	tian in the time the million of the control of the
Name	_
Number Street	_

City

State

ZIP Code

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Debtor 1

DANITA SMITH

First Name

de Name La

Case number (if known)	١		
Case Hullibel (If known)	)		



#### Additional Page if You Have More Contracts or Leases

	Person o	r company wi	th whom you	have the contract or lease	What the contract or lease is for
2 <b>.2</b>					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2	A	are en energia a la la		and the second of the second o	en de la composition de la composition La composition de la
	Name				_
	Number	Street			<del>_</del>
	City		State	ZIP Code	-
	examination of	and the standard of			and the second
2	Name				
		Charact		7-97-98	_
	Number	Street			
	City		State	ZIP Code	<del></del>
2					
	Name				
	Number	Street			-
	City		State	ZIP Code	
2					and the second of the second o
	Name				_
	Number	Street	<u></u>		_
	City		State	ZIP Code	_
	,			Zir Code	
2	Name				
					_
	Number	Street			
	City		State	ZIP Code	
2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
 2:	minus navents, sa	Windowski and Company	والرائد والوجادان المستر		en de la composiçõe de la La composiçõe de la compo
	Name				_
	Number	Street			_
	City		State	7/0.0-1-	

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FILL in their information to industria	
Fill in this information to identify your case:	
Debtor 1 DANITA SMITH First Name Middle Name Last Name	
Debtor 2	
(Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: Eastern District of Missouri	
Case number	
(If known)	☐ Check if this is an amended filing
0.60	arrended ming
Official Form 106H	
Schedule H: Your Codebtors	12/15
Codebtors are people or entities who are also liable for any debts you may have. Be a are filing together, both are equally responsible for supplying correct information. If r and number the entries in the boxes on the left. Attach the Additional Page to this page case number (if known). Answer every question.  1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as	nore space is needed, copy the Additional Page, fill it out, ge. On the top of any Additional Pages, write your name and
☑ No	
Yes	Community property states and territories include
<ol> <li>Within the last 8 years, have you lived in a community property state or territory?         Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Wash     </li> </ol>	, , , , , ,
☑ No. Go to line 3.	
Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?	
□ No	
Yes. In which community state or territory did you live?	Fill in the name and current address of that person.
Name of your spouse, former spouse, or legal equivalent	
Number	
Number Street	
City State ZIP Code	
3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor shown in line 2 again as a codebtor only if that person is a guarantor or cosigne Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2.	r. Make sure you have listed the creditor on le G (Official Form 106G). Use Schedule D,
Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
	Check all schedules that apply:
3.1	Schedule D, line
Name	☐ Schedule E/F, line
Number Street	Schedule G, line
City State ZIP Code	-
3.2	
Name	Schedule D, line
Number Street	Schedule E/F, line
	☐ Schedule G, line
City State ZIP Code	
Name	Schedule D, line
	☐ Schedule E/F, line
Number Street	☐ Schedule G, line
City State ZIP Code	

Official Form 106H

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ebtor 1	DANITA SMITH First Name Middle Name	Last Name	Ca	ase number (if known)
	<b>.</b>			
1.7	Additional Page to List Mor	e Codebtors	·. · · ·	
Colui	mn 1: Your codebtor			Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
Name	0			Schedule D, line
IVAIII	5			☐ Schedule E/F, line
Numb	ber Street			Schedule G, line
City		State	ZIP Code	
_				Schedule D, line
Name	9			Schedule E/F, line
		** · · · · · · · · · · · · · · · · · ·		Schedule G, line
Numb	per Street			Gotteddie G, lifte
City		State	ZIP Code	
- Name	2		· · · · · · · · · · · · · · · · · · ·	Schedule D, line
Haine				☐ Schedule E/F, line
Numb	per Street			Schedule G, line
City		State	ZIP Code	
_				_
Name	9			Schedule D, line
				Schedule E/F, line
Numb	per Street			Schedule G, line
City		State	ZIP Code	
- Name				Schedule D, line
, , ,				☐ Schedule E/F, line
Numb	per Street			Schedule G, line
City		State	ZIP Code	
				Schedule D, line
Name				Schedule E/F, line
Numb	per Street			Schedule G, line
City		State	ZIP Code	
Name	· · · · · · · · · · · · · · · · · · ·			Schedule D, line
				☐ Schedule E/F, line
Numb	per Street			Schedule G, line
City		State	ZIP Code	
Name	}			Schedule D, line
,,,,,,,,				☐ Schedule E/F, line
Numb	per Street	···		Schedule G, line
City		State	ZIP Code	

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Fill in this in	nformation to identify	your case:					
Debtor 1	DANITA SMITH						
Debtor 2	First Name	Middle Name	Last Name				
(Spouse, if filing)	) First Name	Middle Name	Last Name		_		
United States	Bankruptcy Court for the:	Eastern District of Missouri					
Case number					Check if the	nis is:	
(If known)		9,4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,			An am	ended filing	
						plement showing post e as of the following d	
Official Fo	orm 106l	-			MM / D	D / YYYY	
Sched	lule I: You	ır Income					12/15
If you are sep separate she	parated and your spot	ou are married and not fili use is not filing with you, o top of any additional pag	do not include inf	forma	tion about your spo	use. If more space is n	eeded, attach a
1. Fill in you information	r employment on.		Debtor 1			Debtor 2 or non-fi	ling spouse
attach a se	e more than one job, eparate page with n about additional	Employment status	☐ Employed☐ Not employ	ed		☐ Employed ☐ Not employed	
Include pa self-emplo	rt-time, seasonal, or yed work.	Occuration	OWNER				
	n may include student aker, if it applies.	Occupation					
		Employer's name	MY BLOOMII	NG I	HEALTH MOBILE		
		Employer's address	11630 HELE	NOA	K		
			Number Street			Number Street	
			BLACK JACK		MO 63033		
			City	Sta		City	State ZIP Code
		How long employed ther	e? 6YRS			6YRS	
Part 2:	Give Details About	: Monthly Income					
Estimate r	monthly income as of	the date you file this form	. If you have noth	ina to	report for any line, wr	ite \$0 in the space. Inclu	ıde your non-filing
spouse unl	less you are separated our non-filing spouse ha	ave more than one employe	r, combine the info				
below. If yo	ou need more space, a	ttach a separate sheet to thi	is form.		, ,	·	
					For Debtor 1	For Debtor 2 or non-filing spouse	
<ol><li>List mont deduction</li></ol>	thly gross wages, sales). If not paid monthly,	ary, and commissions (be calculate what the monthly	fore all payroll wage would be.	2.	\$	\$	
3. Estimate	and list monthly over	time pay.		3.	+\$	+ \$	
4. Calculate	gross income. Add li	ne 2 + line 3.		4.	\$	\$	

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Debtor 1	DANITA SMITH First Name Middle Name Last Name		Case number (if kr	nown)	
	1 Jos Como Mission Paris Last Como		For Debtor 1	For Debtor 2 or	
				non-filing spouse	
Сор	by line 4 here	▶ 4.	\$	\$	
5. List	all payroll deductions:				
5a.	. Tax, Medicare, and Social Security deductions	5a.	\$	\$	
5b.	Mandatory contributions for retirement plans	5b.	\$	\$	
5c.	Voluntary contributions for retirement plans	5c.	\$	\$	
5d.	Required repayments of retirement fund loans	5d.	\$		
	Insurance	5e.	\$		
5f.	Domestic support obligations	5f.	\$	\$	
U	. Union dues	5g.	\$	\$	
5h.	Other deductions. Specify:	5h.	+ \$	+ \$	
6. <b>Ad</b>	d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	s	
7. <b>Ca</b>	Iculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	\$	
8. List	t all other income regularly received:				
8a.	Net income from rental property and from operating a business, profession, or farm				
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$2500	\$	
8b.	. Interest and dividends	8b.	\$	\$	
8c.	Family support payments that you, a non-filing spouse, or a depende regularly receive	nt			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$	
	Unemployment compensation	8d.	\$	. \$	
	. Social Security	8e.	\$	. \$	
81.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specific	nce 8f.	s.	s	
0	Specify:		Ψ	. *	
	. Pension or retirement income	8g.	\$	\$	
8h.	Other monthly income. Specify:	8h.	+ \$	+\$	
	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	\$	
	culate monthly income. Add line 7 + line 9.  If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2500	+	\$2500
incl	te all other regular contributions to the expenses that you list in Schedude contributions from an unmarried partner, members of your household, ynds or relatives.			ommates, and other	
	not include any amounts already included in lines 2-10 or amounts that are	not a	vailable to pay expe	enses listed in Schedule J.	
Spe	ecify:			11. <b>+</b>	\$
	If the amount in the last column of line 10 to the amount in line 11. The te that amount on the Summary of Your Assets and Liabilities and Certain S			-	\$ 2500
•	o that amount on the outlinery of Tour Places and Elabilities and Contain.	)iano.	cai illioimason, is ic	applies 12.	Combined
	you expect an increase or decrease within the year after you file this f	form?	?		monthly income
	Yes. Explain:				

page 2

Official Form 106! Schedule I: Your Income

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Fill in this information to identify your case:				
Debtor 1 DANITA SMITH First Name Middle Name Last N		Check if this is:		
Debtor 2	ame	☐ An amended	filing	
(Spouse, if filing) First Name Middle Name Last N	lame		-	petition chapter 13
United States Bankruptcy Court for the: Eastern District of Missouri	,	expenses as	of the following	date:
Case number(If known)		MM / DD / YYY	Y	
Official Form 106J				
Schedule J: Your Expenses				12/15
Be as complete and accurate as possible. If two married people a information. If more space is needed, attach another sheet to this (if known). Answer every question.				•
Part 1: Describe Your Household				
1. Is this a joint case?				
☑ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?				
□ No				
Yes. Debtor 2 must file Official Form 106J-2, Expense	s for Separate Househ	old of Debtor 2.		
2. Do you have dependents?	Dependent's re	lationship to	Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2. Yes. Fill out this information each dependent	on for Debtor 1 or Deb		age	with you?
Do not state the dependents' names.				□ No □ Yes
				□ No
				☐ Yes
				☐ No ☐ Yes
				□ No
				Yes
				□ No
				☐ Yes
3. Do your expenses include expenses of people other than				
yourself and your dependents?				
Part 2: Estimate Your Ongoing Monthly Expenses				
Estimate your expenses as of your bankruptcy filing date unless expenses as of a date after the bankruptcy is filed. If this is a sup				
applicable date.				
Include expenses paid for with non-cash government assistance such assistance and have included it on Schedule I: Your Income	•		Your expe	nses
<ol> <li>The rental or home ownership expenses for your residence. In any rent for the ground or lot.</li> </ol>	•		\$	500
If not included in line 4:		4.		
4a. Real estate taxes		4a.	\$	
4b. Property, homeowner's, or renter's insurance		4b.	\$	100
4c. Home maintenance, repair, and upkeep expenses		4c.	\$	200
4d. Homeowner's association or condominium dues		4d.	\$	5

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Debtor 1	DANITA	SMITH		Case number (if known)
	First Name	Middle Name	Last Name	(17,17,017,7)

			Your expenses	
5.	Additional mortgage payments for your residence, such as home equity loans	<b>5</b> .	\$	
	Utilities:			
Ū.	6a. Electricity, heat, natural gas	6a.	\$	450
	6b. Water, sewer, garbage collection	6b.		110
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.		365
	6d. Other. Specify:	6d.	\$	
7.	Food and housekeeping supplies	7.	\$	250
8.	Childcare and children's education costs	8.	\$	0
9.	Clothing, laundry, and dry cleaning	9.	\$	100
10.	Personal care products and services	10.	\$	75
11.	Medical and dental expenses	11.	\$	300
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$	250
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0
14.	Charitable contributions and religious donations	14.	\$	0
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	176
	15b. Health insurance	15b.		300
	15c. Vehicle insurance	15c.	\$	250
	15d. Other insurance. Specify:	15d.	\$	
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	540
	17b. Car payments for Vehicle 2	17b.	\$	
	17c. Other. Specify:	17c.	\$	
	17d. Other. Specify:	17d.	\$	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.		
	20a. Mortgages on other property	20a.	\$	<del></del>
	20b. Real estate taxes	20b.	\$	
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	
	20e. Homeowner's association or condominium dues	20e.	\$	

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De	btor 1	DANITA SMITH	Case number (if known)	
		First Name Last Name		
21.	Oth	er. Specify:	21.	+\$
22.	Cal	culate your monthly expenses.		
	22a	Add lines 4 through 21.	<b>22</b> a.	\$3971
	22b	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$3971
23.	Calc	late your monthly net income.		2500
2	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$2500
2	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$3971
2	23c.	Subtract your monthly expenses from your monthly income.		s -1471
		The result is your monthly net income.	23c.	\$
24.	Do y	ou expect an increase or decrease in your expenses within the year after you f	file this form?	
		xample, do you expect to finish paying for your car loan within the year or do you ex page payment to increase or decrease because of a modification to the terms of you		
	N IZ			
	☐ Y	es. Explain here:		

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	1 9 71 01 100		
Fill in this information to identify your case:			
Debtor 1 DANITA SMITH  First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: Eastern District of Missouri Case number	-		
(If known)			Check if this is a amended filing
Official Form 106Dec			
<b>Declaration About an Ind</b>	ividual De	btor's Schedules	12/15
If two married people are filing together, both are equally	responsible for supply	ing correct information.	
obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below	a bankruptcy case can	result in fines up to \$250,000, or impriso	nment for up to 20
Did you pay or agree to pay someone who is NOT an a	uttorney to help you fill	out bankruptcy forms?	
Yes. Name of person		tach Bankruptcy Petition Preparer's Notice, Decla gnature (Official Form 119).	ration, and
Under penalty of perjury, I declare that I have read the that they are true and correct.	summary and schedul	es filed with this declaration and	
9 101	<b>c</b>		
Signature of Debtor 1	Signature of Debtor 2		
Date MM / DD / YYYY	Date MM / DD / YYYY	_	

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Last Name Last Name		
Last Name	1	
Missouri		
		☐ Check if this is an
		amended filing
irs for Indiv	iduals Filing for Bankrupto	<b>y</b> 04/1
atus and Where Y	ou Lived Before	
years. Do not include  Dates Debtor 1 lived there	e where you live now.  Debtor 2:	Dates Debtor 2 lived there
	☐ Same as Debtor 1	☐ Same as Debtor
_ From	Number Street	_ From
To	Number Street	To
	City State ZIP Code	-
	☐ Same as Debtor 1	☐ Same as Debtor
From	Number Street	_ From
То	Number Succes	To
	City State ZIP Code	-
	rried people are filing rate sheet to this for atus and Where Y  e other than where y  years. Do not include Dates Debtor 1 lived there  From To	Same as Debtor 1   Same as Deb

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ebtor 1	DANITA SMITH		Case nu	mber (if known)	
	First Name Middle Name Last N	Name			
Fill i	you have any income from employmen  In the total amount of income you received  In are filing a joint case and you have inco  No  Yes. Fill in the details.	l from all jobs <b>a</b> nd all busi	nesses, including part-ti	me activities.	ndar years?
_	res. I ill ill the details.	Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
	the date you mou to bankruptcy.	Operating a business		Operating a business	
	For last calendar year:	☐ Wages, commissions, bonuses, tips	œ	☐ Wages, commissions, bonuses, tips	¢.
	(January 1 to December 31,2017	Operating a business	<b>4</b>	Operating a business	Φ
	For the calendar year before that:	Wages, commissions, bonuses, tips		Wages, commissions, bonuses, tips	
	(January 1 to December 31,)	Operating a business	\$	Operating a business	\$
<b>4</b>		each source separately. Do	o not include income tha	it you listed in line 4.	
<b>u</b> ,	Yes. Fill in the details.	Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions an exclusions)
	From January 1 of current year until the date you filed for bankruptcy:		\$		· \$
	the date you med for bankruptcy:		\$		\$
			Φ		\$
	For last calendar year:		\$		- \$
	(January 1 to December 31,2017				
			\$		· \$
	For the calendar year before that:		\$		\$
	(January 1 to December 31,				\$
	YYYY		¢		·

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ebtor 1	DANITA SMITH First Name Middle Name Last Name		Case n	umber (if known)	
Part 3:	List Certain Payments You Made B	efore You Filed	for Bankruptcy		
. Are eit	her Debtor 1's or Debtor 2's debts primar	ily consumer debt	s?		
☐ No	Neither Debtor 1 nor Debtor 2 has prim "incurred by an individual primarily for a pe			e defined in 11 U.S.C. § 101	(8) as
	During the 90 days before you filed for bal	nkruptcy, did you pa	ay any creditor a total of	\$6,825* or more?	
	☐ No. Go to line 7.				
	Yes. List below each creditor to whom total amount you paid that creditor child support and alimony. Also, or	or. Do not include pa	ayments for domestic su	pport obligations, such as	
	* Subject to adjustment on 4/01/22 and ev		-		
☑ Ye	s. Debtor 1 or Debtor 2 or both have prima	arily consumer de	bts.		
	During the 90 days before you filed for bar	-		\$600 or more?	
	☑ No. Go to line 7.				
	☐ Yes. List below each creditor to whom creditor. Do not include payment alimony. Also, do not include pay	s for domestic supp	ort obligations, such as	child support and	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
			\$	\$	☐ Mortgage
	Creditor's Name				☐ Car
	Number Street				Credit card
					Loan repayment
					☐ Suppliers or vendors
	City State ZIP Co	ode			☐ Other
			\$	\$	☐ Mortgage
	Creditor's Name				
					☐ Car
	Number Street				☐ Car☐ Credit card
	Number Street				☐ Credit card☐ Loan repayment
	Number Street				☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors
	Number Street  City State ZIP Co	ode			☐ Credit card☐ Loan repayment
		ode			☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors
		ode .	\$	\$	☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other
		ode	\$	<b></b> \$	☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other
	City State ZIP Co	ode	\$	<b>\$</b>	☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car
	City State ZIP Co	ode	\$	<b></b> \$	☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit card
	City State ZIP Co	ode	\$	\$	☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car

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btor 1	DANITA SMITH			_	Case number (if known)_		
	First Name Middle Name	Last Name					
Inside corpo agent	orations of which you are a t, including one for a busin as child support and alimo	any general partners; in officer, director, persess you operate as a s	relatives of any	general partners; prowner of 20% or	artnerships of which more of their voting	vho was an insider? h you are a general partner; securities; and any managing domestic support obligations	
□ Y <sub>€</sub>	es. List all payments to an	insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment	
i	Insider's Name			\$	\$		
ī	Number Street						
;	City	State ZIP Code					
	Insider's Name			\$	\$		
	Number Street						
-	City	State ZIP Code					
an ins Includ	sider? de payments on debts gua	ranteed or cosigned b		payments or trans	fer any property o	n account of a debt that be	nefite
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name	
Ī	Insider's Name			\$	\$		
i	Number Street						
ī	City	State ZIP Code	-				
Ī	Insider's Name			\$	\$		
Ī	Number Street						

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tor 1	DANITA SMITH First Name Middle Name	Last Name		Case number (##	known)	
	First Name middle Name	Last (Vallie				
art 4:	Identify Legal Actions	s, Repossession	s, and Foreclos	ures		
List all				y lawsuit, court action, or action, or action, or action, or action suits, page 3.		
<b>⊴</b> No						
☐ Ye	es. Fill in the details.					
		Natur	e of the case	Court or agency		Status of the cas
С	Case title			Court Name		— Pending
				Court Name		On appeal
				Number Street		Concluded
С	Case number			City	State ZIP Code	
				Oity	State ZIF Gode	
0	Case title			Court Name		Pending
	vast tillo			Court Name		On appeal
-				Number Street		Concluded
С	Case number			City	State ZIP Code	
	<ul> <li>Go to line 11.</li> <li>Fill in the information belo</li> </ul>	W.	Describe the pro	norty	Date	Value of the prope
			Describe the pro		Date	Value of the proper
	SANTANDER		_		9/29/19	<sub>\$</sub> 18000
	Creditor's Name					
	PO BOX 660633 Number Street		— Explain what hap	ppened		
			☑ Property w	ras repossessed.		
			Property w	as foreclosed.		
		TX 75266	_	as garnished.		
	City	State ZIP Code		as attached, seized, or levied		
			Describe the pro	репу	Date	Value of the prope
						\$
	Creditor's Name					Ψ
	Number Street		Explain what hap	ppened		
			Property w	as repossessed.		
			Property w	ras foreclosed.		
	City	State ZIP Code	_	as garnished.		
			Property w	as attached, seized, or levied		

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	First Name Middle Name Last N	ame	Case number (if	known)	
	n 90 days before you filed for bankrup		ng a bank or financial in	stitution, set off any an	nounts from you
accou ✓INo	unts or refuse to make a payment beca	ause you owed a debt?			
	o es. Fill in the details.				
		Describe the action the credit	tor took	Date action	Amount
		bescribe the action the credit	or took	was taken	Amount
Cre	editor's Name			•	
Nu	mber Street				\$
City	y State ZIP Code	Last 4 digits of account num	ber: XXXX		
A (:41 ·	d was before your file of the second		In the marries.		:4 _£
	n 1 year before you filed for bankrupto tors, a court-appointed receiver, a cus		in the possession of an	assignee for the benef	it of
ZÍNo		itodian, or another officials			
Ye					
	•				
t 5:	List Certain Gifts and Contribut	tions			
Within	າ 2 years before you filed for bankrupt	cy, did you give any gifts wi	th a total value of more t	han \$600 per person?	
Within ☑ No ☐ Ye	o es. Fill in the details for each gift.		th a total value of more t		
Vithin ☑ No ☑ Ye	0	ccy, did you give any gifts wi	th a total value of more t	han \$600 per person?  Dates you gave the gifts	Value
Vithin ☑ Ye	oes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		th a total value of more t	Dates you gave	Value \$
Vithin ☑ Ye	o es. Fill in the details for each gift. Sifts with a total value of more than \$600		th a total value of more t	Dates you gave	\$
Vithin ☑ Ye	oes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		th a total value of more t	Dates you gave	Value \$ \$
Vithin No.	oes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		th a total value of more t	Dates you gave	\$
Vithin  No  G  Per	es. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  rson to Whom You Gave the Gift  mber Street		th a total value of more t	Dates you gave	\$
Vithin  Vithin  Per	es. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  rson to Whom You Gave the Gift  mber Street		th a total value of more t	Dates you gave	\$
Per City	es. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  rson to Whom You Gave the Gift  mber Street		th a total value of more t	Dates you gave	\$
Vithin No Grant Per City Per Giff Giff	es. Fill in the details for each gift.  Sifts with a total value of more than \$600 per person  rson to Whom You Gave the Gift  mber Street		th a total value of more t	Dates you gave	\$
Vithin No Grant Per Nur Per Giff	es. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  From to Whom You Gave the Gift  The street  The street of the	Describe the gifts		Dates you gave the gifts	\$ \$
Vithin No Grant Per City Per Giff per G	es. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  From to Whom You Gave the Gift  The street  The street of the	Describe the gifts		Dates you gave the gifts	\$ \$
Vithin  Vithin  Per  Rur  City  Per	es. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  From to Whom You Gave the Gift  The street of t	Describe the gifts		Dates you gave the gifts	\$ \$
Vithin No Grant Per City Per Giff per G	es. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  From to Whom You Gave the Gift  The street of t	Describe the gifts		Dates you gave the gifts	\$ \$
Vithin No Grant Per City Per	es. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  From to Whom You Gave the Gift  The street of t	Describe the gifts		Dates you gave the gifts	\$ \$
Vithin No Grant Per City Per	es. Fill in the details for each gift.  Sifts with a total value of more than \$600 per person  From to Whom You Gave the Gift  State ZIP Code  Firson's relationship to you  fits with a total value of more than \$600 person  From to Whom You Gave the Gift	Describe the gifts		Dates you gave the gifts	\$ \$

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Debtor 1	DANITA SMITH First Name Middle Name Las	Case number (if known)		
	riist Name Middle Name Las	n wame		
		ptcy, did you give any gifts or contributions with a total valu	e of more than \$60	10 to any charity?
	No Yes. Fill in the details for each gift or con	ntribution.		
			Data was	Matura
	Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Valuè
	Charity's Name	-		\$
				\$
		-		Ψ
	Number Street	-		
	City State ZIP Code	-		
Part 6	List Certain Losses			
	thin 1 year before you filed for bankrup aster, or gambling?	otcy or since you filed for bankruptcy, did you lose anything	because of theft, f	ire, other
	No			
_	Yes. Fill in the details.			
	Describe the property you lost and	Describe any insurance coverage for the loss	Date of your	Value of property
	how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	loss	lost
	· · · · · · · · · · · · · · · · · · ·	claims of fine 33 of Schedule PVB. Property.		
				\$
Part 7	List Certain Payments or Tran	nsfers		
16. <b>Wit</b>		otcy, did you or anyone else acting on your behalf pay or trai	nsfer any property	to anyone
you	u consulted about seeking bankruptcy	or preparing a bankruptcy petition?		<b>,</b>
		reparers, or credit counseling agencies for services required in ye	our bankruptcy.	
	No Yes. Fill in the details.			
_		Description and value of any property transferred	Date payment or	Amount of payment
	Person Who Was Paid		transfer was	, mount or paymont
	Person vviio vvas Paid	· · · · · · · · · · · · · · · · · · ·		
	Number Street			\$
				œ
				Φ
	City State ZIP Code			
	Email or website address			
	Person Who Made the Promont if Not You			

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		st Name			
		Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid	_			¢
	Number Street				Φ
		-			\$
	City State ZIP Code	-			
	Email or website address				
	Person Who Made the Payment, if Not You				
<b>2</b>	not include any payment or transfer that  No  Yes. Fill in the details.				
		Description and value of any property	transferred	Date payment or transfer was	Amount of payme
	Person Who Was Paid	<u> </u>		made	
	Number Street	_			\$
		<u>.</u>			\$
Nith	City State ZIP Code in 2 years before you filed for bankru	  uptcy, did you sell, trade, or otherwise	transfer any property to	o anyone, other tha	\$an property
t <b>rans</b> Inclu	in 2 years before you filed for bankru sferred in the ordinary course of you de both outright transfers and transfers	made as security (such as the granting			
trans Inclu Do n <b>∑</b> 1 N	in 2 years before you filed for bankrusferred in the ordinary course of you do both outright transfers and transfers ot include gifts and transfers that you have	r business or financial affairs? made as security (such as the granting			
rans nciu Do n <b>v</b>	in 2 years before you filed for bankru sferred in the ordinary course of you de both outright transfers and transfers ot include gifts and transfers that you h	r business or financial affairs? made as security (such as the granting ave already listed on this statement.	of a security interest or m	ortgage on your pro	perty).
rans nciu Don ∑ÍN ☐ Y	in 2 years before you filed for bankrusferred in the ordinary course of your de both outright transfers and transfers of include gifts and transfers that you have been seen to the beautiful of the beautiful or	r business or financial affairs? made as security (such as the granting		ortgage on your pro or payments received ge	perty).  Date transfer was made
rans nciu Don ☑ N	in 2 years before you filed for bankrusferred in the ordinary course of you do both outright transfers and transfers ot include gifts and transfers that you have been been so included to be a second transfer of the beautiful in the details.  Person Who Received Transfer	r business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property transferred	of a security interest or me Describe any property of or debts paid in exchan	ortgage on your pro or payments received ge	perty).  Date transfer was made
rans nciu Don ☑ N	in 2 years before you filed for bankrusferred in the ordinary course of your de both outright transfers and transfers of include gifts and transfers that you have been seen to the beautiful of the beautiful or	r business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property transferred	of a security interest or me Describe any property of or debts paid in exchan	ortgage on your pro or payments received ge	perty).  Date transfer was made
rans nciu Don Min N	in 2 years before you filed for bankrusferred in the ordinary course of you do both outright transfers and transfers ot include gifts and transfers that you have been been so included to be a second transfer of the beautiful in the details.  Person Who Received Transfer	r business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property transferred	of a security interest or me Describe any property of or debts paid in exchan	ortgage on your pro or payments received ge	perty).  Date transfer was made
rans nciu ∂on 1 1 1 1	in 2 years before you filed for bankrusferred in the ordinary course of your de both outright transfers and transfers ot include gifts and transfers that you have been been details.  Person Who Received Transfer  Number Street	r business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property transferred	of a security interest or me Describe any property of or debts paid in exchan	ortgage on your pro or payments received ge	perty).  Date transfer was made
rans nclu Don Min N	in 2 years before you filed for bankrusferred in the ordinary course of your de both outright transfers and transfers ot include gifts and transfers that you have been been been been been been been be	r business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property transferred	of a security interest or me Describe any property of or debts paid in exchan	ortgage on your pro or payments received ge	perty).  Date transfer was made
ransin nciu Don Minin	in 2 years before you filed for bankrusferred in the ordinary course of you do both outright transfers and transfers of include gifts and transfers that you have been been been been been been been be	r business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property transferred	of a security interest or me Describe any property of or debts paid in exchan	ortgage on your pro or payments received ge	perty).  Date transfer was made
rans nclu Don Min N	in 2 years before you filed for bankrusferred in the ordinary course of your de both outright transfers and transfers ot include gifts and transfers that you have been detailed.  Person Who Received Transfer  City State ZIP Code  Person's relationship to you  Person Who Received Transfer	r business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property transferred	of a security interest or me Describe any property of or debts paid in exchan	ortgage on your pro or payments received ge	perty).  Date transfer was made

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Debtor 1	DANITA S	MITH Middle Name	Last Name	Case number (if kno	own)	
			bankruptcy, did you transfer any pro	perty to a self-settled trus	st or similar device of v	which you
<b>\( \bar{\bar{\bar{\bar{\bar{\bar{\bar{</b>	•		called asset-protection devices.)			
			Description and value of the pr	operty transferred		Date transfer
						was made
N	lame of trust					
Part 8:	List Certain		counts, Instruments, Safe Depo			M contact of the control of the cont
close Inclu brok	ed, sold, moved ide checking, s erage houses,	d, or transferred avings, money pension funds,	ankruptcy, were any financial account?  market, or other financial accounts; c cooperatives, associations, and other	ertificates of deposit; sha		
<b>U</b> Y	es. Fill in the d	etails.				
			Last 4 digits of account number	er Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Name of Financial I	nstitution		☐ Checking		•
			XXXX	Savings		<b>4</b>
	Number Street			☐ Money market		
			<del>4</del>	☐ Brokerage		
	City	State ZIP	Code	Other		
	Name of Financial I	netitution	XXXX	☐ Checking		\$
	Name of Financial I	nstitution		☐ Savings		
	Number Street			☐ Money market		
				☐ Brokerage		
	City	State ZIP	Code	Other		
21. Do ye secu	ou now have, o	r did you have v other valuables	within 1 year before you filed for bank	cruptcy, any safe deposit	box or other deposito	ry for
_ ,	m m uio u		Who else had access to it?	Describe th	e contents	Do you still have it?
						□ No
	Name of Financial I	nstitution	Name			☐ Yes
	Number Street		Number Street	<u> </u>		
			City State ZIP Code	778.72 - 442 - 442 - 442		

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	DANITA SMITH		Case number (if known)	
	First Name Middle Name Las	it Name		
	you stored property in a storage unit	or place other than your home wi	hin 1 year before you filed for	bankruptcy?
Ø N				
U Y	es. Fill in the details.	Who also has an had access to 60	Describe the senten	60 Barrary (411)
		Who else has or had access to it?	Describe the content	ts Do you still have it?
				□ No
	Name of Storage Facility	Name		☐ Yes
	Number Street	Number Street		
		City State ZIP Code		
	City State ZIP Code	•		
	State ZIP Code			
Part 9:	Identify Property You Hold	or Control for Someone Else		
22 Do v	rou hold or control any property that		reports you berrowed from	uro otorina for
-	old in trust for someone.	someone eise owns : include any	noperty you borrowed from, a	tre storing for,
<b>⊴</b> 1	· -			
<b>□</b> 1	es. Fill in the details.			
		Where is the property?	Describe the propert	y Value
		1		
	Owner's Name			\$
	Number Street	Number Street		
	The state of the s		<del></del>	
		City State Z		
	City State ZIP Code	City State Z	P Code	
Part 10	Give Details About Environ	mental Information		
Cortho	number of Port 40, the following def	to this one of the control of the co		· · · · · · · · · · · · · · · · · · ·
	purpose of Part 10, the following defi			ation values of
	<i>ironmental law</i> means any federal, sta Irdous or toxic substances, wastes, c			
	uding statutes or regulations controll			·
	means any location, facility, or prope		ental law, whether you now o	wn, operate, or
utiliz	ze it or used to own, operate, or utilize	e it, including disposal sites.		
	ardous material means anything an ei	rvironmental law defines as a haz	rdoue waeta hazardoue eube	tanca tavia
	stance hazardous material pollutant		nuous waste, nazaruous subt	stance, toxic
subs	stance, hazardous material, pollutant,	contaminant, or similar term.	,	stance, toxic
subs	stance, hazardous material, pollutant, all notices, releases, and proceedings	contaminant, or similar term.	,	stance, toxic
subs Report		contaminant, or similar term. s that you know about, regardless	of when they occurred.	,
subs Report a 24. Has a	all notices, releases, and proceedings	contaminant, or similar term. s that you know about, regardless	of when they occurred.	,
subs Reporta 24. Hasa 21. N	all notices, releases, and proceedings any governmental unit notified you th	contaminant, or similar term. s that you know about, regardless	of when they occurred.	,
subs Reporta 24. Hasa 21. N	all notices, releases, and proceedings	contaminant, or similar term. s that you know about, regardless at you may be liable or potentially	of when they occurred. liable under or in violation of	an environmental law?
subs Reporta 24. Hasa ☑ N	all notices, releases, and proceedings any governmental unit notified you th	contaminant, or similar term. s that you know about, regardless	of when they occurred.	an environmental law?
subs Reporta 24. Hasa ☑ N	all notices, releases, and proceedings any governmental unit notified you th	contaminant, or similar term. s that you know about, regardless at you may be liable or potentially	of when they occurred. liable under or in violation of	an environmental law?
subs Report : 24. Has : 21 N	all notices, releases, and proceedings any governmental unit notified you th	contaminant, or similar term. s that you know about, regardless at you may be liable or potentially	of when they occurred. liable under or in violation of	an environmental law?
subs Report a 24. Has a 21 N	all notices, releases, and proceedings any governmental unit notified you th lo 'es. Fill in the details.	contaminant, or similar term. s that you know about, regardless at you may be liable or potentially  Governmental unit	of when they occurred. liable under or in violation of	an environmental law?
subs Report a 24. Has a 21. N	all notices, releases, and proceedings any governmental unit notified you th lo 'es. Fill in the details.	contaminant, or similar term. s that you know about, regardless at you may be liable or potentially Governmental unit	of when they occurred. liable under or in violation of	an environmental law?

City

State ZIP Code

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☑ Ye			nental unit o	of any release of hazardous mate Governmental unit			
S No Ye  No  No  No  No  No  No  No  No  No  N	O es. Fill in the detai Name of site		nental unit c				
Ye	es. Fill in the detai	ils.		Governmental unit	Environmentalism		
N N	Name of site	ils.		Governmental unit	Environmental terr		
N -		·		Governmental unit	Empleanmental terr		
N -		· · · · · · · · · · · · · · · · · · ·			⊏nvironmentai iaw,	if you know it	Date of notice
N -							
-	Number Street			Governmental unit	<del>_</del> ·		
-	number Street						
- c				Number Street			
c							
c				City State ZIP Code			
	City	State	ZIP Code	•			
		n any j	udicial or ad	Iministrative proceeding under	any environmental lav	v? Include settlements an	d orders.
ZI No							
<b>⊸</b> Ye	es. Fill in the detai	ls.					
				Court or agency	Nature of the	ase	Status of the case
Ca	ise title						
			-	Court Name			Pending
				_			On appea
				Number Street			Conclude
				_			
Ca	ise number			City State ZIP (	Code		
	<b>.</b>						
t 11:				siness or Connections to A			
<u>a</u>	A sole proprieto	r or sel mited l	lf-employed liability com	otcy, did you own a business or in a trade, profession, or other pany (LLC) or limited liability pa	activity, either full-tim	e or part-time	Jusiness?
				ecutive of a corporation			
				ng or equity securities of a corp	oration		
_					bration		
	None of the abo						
				in the details below for each bu		For all of the second	
_	MY BLOOMING	HEAL	LTH MBL	Describe the nature of the busin	too.	Employer Identification numl Do not include Social Securit	
	Susiness Name			MOBILE PHLEBOTOMY			•
	1630 HELENO	AK				EIN: 4 6 -2 6 3	<u> 5 9 7 5</u>
М	diliber Street			Name of accountant or bookkee	per	Dates business existed	
_					<u> </u>		
S	ST LOUIS	МО	63033			From <sup>20</sup> 13 To 2019	9
C	ity	State	ZIP Code				
-				Describe the nature of the busin		Employer Identification number	
J,	uningan Nama					Do not include Social Securit	ty number or ITIN.
	usiness Name						
	usiness Name					EIN: -	
Bı	umber Street			Name of a second of the second		EIN:	
Bı				Name of accountant or bookkee		EIN:	
Bı				Name of accountant or bookkee	per		

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DANITA SMITH First Name Middle Name Last I		e number (if known)
	Describe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN
Business Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
City State ZIP Code		From To
ony State ZIP Code		
hin 2 years before you filed for bankrup titutions, creditors, or other parties. No	ntcy, did you give a financial statement to a	nyone about your business? Include all financial
Yes. Fill in the details below.		
	Date issued	
Name	MM / DD / YYYY	
Number Street		
City State ZIP Code		
2: Sign Below		
nswers are true and correct. I understan connection with a bankruptcy case car		and I declare under penalty of perjury that the g property, or obtaining money or property by frau ment for up to 20 years, or both.
U.S.C. §§ 152, 1341, 1519, and 3571.		
1 Startes	×	
Signature of Debtor 1	Signature of Debtor 2	<del></del>
Inlihora		
Date 10/1/201	Date	s Filing for Bankruptcy (Official Form 107)?
a you attach additional pages to roth c	statement of Financial Affairs for Individual	s ruing for Bankrupicy (Official Form 107):
No.		
d you pay or agree to pay someone who	o is not an attorney to help you fill out bank	kruptcy forms?
d you pay or agree to pay someone who		kruptcy forms? Attach the Bankruptcy Petition Preparer's Notice,

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Fill in this in	nformation to ide	entify your case:		
Debtor 1	DANITA SMI	TH Middle Name	Last Name	
Debtor 2 (Spouse, if filing	) First Name	Middle Name	Last Name	
United States	Bankruptcy Court fo	or the: Eastern District of Mi	ssouri	
Case number (if known)		**********		

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C
Creditor's CALIBER HOME LOANS	☐ Surrender the property.	□ No
name.	Retain the property and redeem it.	<b>⊴</b> Yes
Description of 11630 HELENOAK property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
occurring documents.	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	☐ Yes
Description of property securing debt:	☐ Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	☐ Retain the property and [explain]:	

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Lessor's name:  Description of leased property:  Description of leased	Describe your un	expired personal property	y leases	Will the lease be assumed?
Description of leased property:  Lessor's name:  Lessor's name	Lessor's name:			
Description of leased property:  Lessor's name:  Description of leased  Description of leased  Description of leased	Description of leas property:			☐ Yes
Description of leased property:  Lessor's name:  Description of leased property:  Description of leased property:  Lessor's name:  Description of leased property:  Description of leased	Lessor's name:			□ No
Description of leased property:  Lessor's name:  Description of leased property:  Description of leased property:	Description of least			
Description of leased property:  Lessor's name:  Description of leased property:  Lessor's name:  Description of leased property:  Lessor's name:  Description of leased property:  Description of leased property:	Lessor's name:			□ No
Description of leased property:  Lessor's name:  Description of leased property:  Lessor's name:  Description of leased property:  Description of leased		sed		☐ Yes
Description of leased property:  Lessor's name:  Description of leased property:  Lessor's name:  Description of leased property:  Description of leased	Lessor's name:			
Description of leased property:  Lessor's name:  Description of leased  Posscription of leased	•	sed		☐ Yes
Description of leased property:  Lessor's name:  Description of leased  Pescription of leased	Lessor's name:			□ No
Description of leased	•	sed		☐ Yes
Description of leased	Lessor's name:			□ No
		sed		☐ Yes
Lessor's name:	Lessor's name:			
Description of leased property:		sed		☐ Yes

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1 g 00 01 100		
Fill in this information to identify your case:	Check one box only as directed in this form and in Form 122A-1Supp:	n
Debtor 1 DANITA SMITH First Name Middle Name Last Name		
Debtor 2	1. There is no presumption of abuse.	
(Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: Eastern District of Missouri	2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2).	
Case number	☐ 3. The Means Test does not apply now because of	
(If known)	qualified military service but it could apply later.	
	☐ Check if this is an amended filing	
Official Form 122A—1		
<b>Chapter 7 Statement of Your Current Month</b>	hly Income 12	2/15
Be as complete and accurate as possible. If two married people are filing together, bot space is needed, attach a separate sheet to this form. Include the line number to which additional pages, write your name and case number (if known). If you believe that you do not have primarily consumer debts or because of qualifying military service, compleabuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.  Part 1: Calculate Your Current Monthly Income	h the additional information applies. On the top of any are exempted from a presumption of abuse because y	/ou
What is your marital and filing status? Check one only.		
Not married. Fill out Column A, lines 2-11.		
☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2	2-11.	
☐ Married and your spouse is NOT filing with you. You and your spouse are:		
Living in the same household and are not legally separated. Fill out both C	Columns A and B, lines 2-11.	
Living separately or are legally separated. Fill out Column A, lines 2-11; do runder penalty of perjury that you and your spouse are legally separated under response are living apart for reasons that do not include evading the Means Test	nonbankruptcy law that applies or that you and your	
Fill in the average monthly income that you received from all sources, derived dur bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 19 August 31. If the amount of your monthly income varied during the 6 months, add the income from that property in one column only. If you have nothing to report for any line,	5, the 6-month period would be March 1 through acome for all 6 months and divide the total by 6. oth spouses own the same rental property, put the	
	Column A Column B Debtor 1 Debtor 2 or non-filing spouse	
Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$	
Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$	
5. Net income from operating a business, profession, Debtor 1 Debtor 2		
or farm Gross receipts (before all deductions)  \$\frac{2500}{3} \tag{5}		
Ordinary and necessary operating expenses - \$ \$		
Net monthly income from a business, profession, or farm \$ 2500 \$ here*		
6. Net income from rental and other real property  Gross receipts (before all deductions)  Debtor 1  S  S		
Ordinary and necessary operating expenses -\$ -\$		
Net monthly income from rental or other real property  S S here*		
7. Interest, dividends, and royalties	\$	

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Debtor 1	DANITA SMITH First Name Middle Name Last Name		Case number (if known)		
NAMES AND COLUMN ASSOCIATION OF THE PROPERTY O			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8. Unem	ployment compensation		\$	\$	
Do no under	t enter the amount if you contend that the amount re the Social Security Act. Instead, list it here:you	Ψ	V	-	
For	your spouse	\$			
	on or retirement income. Do not include any amout include any amout it under the Social Security Act.	unt received that was a	\$	\$	
Do no as a v	ne from all other sources not listed above. Speci t include any benefits received under the Social Se- ictim of a war crime, a crime against humanity, or in sm. If necessary, list other sources on a separate p	curity Act or payments received international or domestic	i		
			\$	\$	
			\$	\$	
Total	amounts from separate pages, if any.		+ \$	+ \$	
	late your total current monthly income. Add lines in. Then add the total for Column A to the total for C		\$2500	+ \$	\$ 2500  Total current monthly income
Part 2:	Determine Whether the Means Test App	lies to You	11.		-
12. Calcu	late your current monthly income for the year. F	ollow these steps:		,	
12a.	Copy your total current monthly income from line 1	1	Co	ppy line 11 here	\$2500
	Multiply by 12 (the number of months in a year).				<b>x</b> 12
12b.	The result is your annual income for this part of the	form.		12b.	\$30000
13. Calcu	late the median family income that applies to yo	ou. Follow these steps:			
Fill in	the state in which you live.	MO			
Fill in	the number of people in your household.	1		<b></b>	
To find	the median family income for your state and size of d a list of applicable median income amounts, go or ctions for this form. This list may also be available a	nline using the link specified in		13.	<u>\$ 42376</u>
14. <b>How</b> 0	do the lines compare?				
14a. <b>•</b>	Line 12b is less than or equal to line 13. On the 6 Go to Part 3.	top of page 1, check box 1, The	ere is no presumptio	n of abuse.	
14b. 🗖	Line 12b is more than line 13. On the top of page Go to Part 3 and fill out Form 122A–2.	e 1, check box 2, The presump	tion of abuse is dete	ermined by Form 122A	1-2.
Part 3:	Sign Below				
	By signing here, I declare under penalty of perjury	y that the information on this st	atement and in any	attachments is true ar	nd correct.
	Le TX	×			
	Signature of Debtqr 1	Sig	nature of Debtor 2		
	Dat 0/01/2015	Da	te		
	MM+/ DD /YYYY		MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file	Form 122A–2.			
	If you checked line 14b, fill out Form 122A-2	and file it with this form.			

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Fil	in this i	information to identify your case:		Check the appropriate box	as directed in
				lines 40 or 42:	
De	otor 1	DANITA SMITH First Name Middle Name Last Name		According to the calculatio this Statement:	ns required by
	otor 2 ouse, if filing	g) First Name Middle Name Last Name		1. There is no presump	otion of abuse.
Uni	ted States	s Bankruptcy Court for the: Eastern District of Missouri		2. There is a presumpt	ion of abuse.
	se number (nown)	Г		☐ Check if this is an ar	mended filing
	i var-				
<u>Of</u>	ficial	Form 122A–2			
Cł	apto	er 7 Means Test Calculation			04/19
Γο fi	ll out thi	is form, you will need your completed copy of Chapter 7 State	ement of Your Current Me	onthly Income (Official Form	122A-1).
s ne	eded, at es, write	ete and accurate as possible. If two married people are filing ttach a separate sheet to this form. Include the line number to your name and case number (if known).  Determine Your Adjusted Income			
	<del></del>				
. С	opy you	r total current monthly income.	Copy line 11 from Offici	al Form 122A-1 here →	\$2500
2. D	id you fil	ll out Column B in Part 1 of Form 122A–1?			
5	No. Fil	Il in \$0 for the total on line 3.			
	Yes. Is	s your spouse filing with you?			
		o. Go to line 3.			
	☐ Ye	es. Fill in \$0 for the total on line 3.			
		our current monthly income by subtracting any part of your s id expenses of you or your dependents. Follow these steps:	pouse's income not used	to pay for the	
re	n line 11 egularly u	, Column B of Form 122A–1, was any amount of the income you used for the household expenses of you or your dependents?	reported for your spouse N	IOT	
5	1 No. Fil	Il in 0 for the total on line 3.			
	Yes. F	ill in the information below:			
	Fore	te each purpose for which the income was used example, the income is used to pay your spouse's tax debt or to support ple other than you or your dependents	Fill in the amount you are subtracting from your spouse's income		
			\$		
	***************************************		\$		
			+ \$		
	Tota	ıL	\$	Copy total here	<b>-</b> \$
					Ψ
. А	djust yo	ur current monthly income. Subtract the total on line 3 from line	<b>1</b> .		\$2500

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Debtor		DANITA SM	ITH Widdle Name	Last Name		Case	number (if known)		<del></del>
Part	2: 0	Calculate Yo	ur Deductio	ns from Your Inc	come				
ans	wer the	questions in	lines 6-15. To		ards, go online us	ing the link spe	nse amounts. Use the		
actu	ıal expe	nses if they are	e higher than th		t deduct any amour	nts that you subt	rts of the form, you wi racted from your spot form 122A–1.		
If yo	our expe	nses differ fro	m month to mor	nth, enter the averag	ge expense.				
Whe	enever tl	his part of the	form refers to y	ou, it means both y	ou and your spouse	if Column B of	Form 122A–1 is filled	in.	
5.	The nu	ımber of peop	ole used in det	ermining your ded	luctions from inco	me			
	plus the	e number of a		ld be claimed as ex pendents whom yo nold.				1	
Na	itional S	Standards	You must use	e the IRS National S	Standards to answe	r the questions i	n lines 6-7.		
6.				Ising the number of g, and other items.	people you entered	d in line 5 and th	e IRS National Stand	ards, fill	\$570
7.	fill in th under 6	e dollar amou 65 and people	nt for out-of-poo who are 65 or (	ket health care. Th	e number of people er people have a hi	is split into two gher IRS allowa	nd the IRS National S categories—people v nce for health care co n line 22.	nho are	
	People	who are und	er 65 years of	age					
	7a. O	ut-of-pocket h	ealth care allow	rance per person	\$54				
	7b. N	umber of peop	le who are und	er 65	x1				
	7c. <b>S</b> i	<b>ubtotal.</b> Multip	ly line 7a by lin	e 7b.	\$54	Copy here	\$54		
	Peop	le who are 65	years of age o	or older					
	7d. O	ut-of-pocket he	ealth care allow	ance per person	\$				
	7e. N	umber of peop	le who are 65 o	or older	x				
	7f. <b>S</b> i	<b>ubtotal.</b> Multip	ly line 7d by lin	e 7e.	\$	Copy here	+ \$		
	7g. <b>T</b> (	otal. Add lines	7c and 7f				\$ 54	Copy total here→	\$54

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	A SMITH Case number (if known)	
First Name	Middle Name Last Name	
Local Standards	You must use the IRS Local Standards to answer the questions in lines 8-15.	
	ation from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for oses into two parts:	
■ Housing and a	utilities – Insurance and operating expenses	
Housing and u	utilities – Mortgage or rent expenses	
•	uestions in lines 8-9, use the U.S. Trustee Program chart.	
	go online using the link specified in the separate instructions for this form. so be available at the bankruptcy clerk's office.	
	utilities – Insurance and operating expenses: Using the number of people you entered in line 5, fill in the listed for your county for insurance and operating expenses.	570
9. Housing and u	utilities – Mortgage or rent expenses:	
	number of people you entered in line 5, fill in the dollar amount listed unty for mortgage or rent expenses	
9b. Total avera	age monthly payment for all mortgages and other debts secured by your home.	
contractual	te the total average monthly payment, add all amounts that are lly due to each secured creditor in the 60 months after you file for v. Then divide by 60.	
Name of the	he creditor . Average monthly payment	
CALIBE	ER HOME LOANS \$ 500	
	<b>s</b>	
	<b>+</b> \$	
	Total average monthly payment \$\frac{500}{here} \rightarrow \frac{Copy}{here} - \frac{500}{mount on line 33a.}	
Subtract li	gage or rent expense.  ine 9b (total average monthly payment) from line 9a (mortgage or specified by the spe	903
	nat the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects \$ n of your monthly expenses, fill in any additional amount you claim.	
0. Go to lin		
	tion expense: Using the IRS Local Standards and the number of vehicles for which you claim the enses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.	<u>210</u>

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for a -	cle ownership or lease exper		fucu do not males and		payments or	i trie venici	-	
	ach vehicle below. You may no dition, you may not claim the e			oan or lease			<b>.</b> .	
Vehic	cle 1 Describe Vehicle 1:	2018 KIA OPTIN	иим			***************************************		
13a.	Ownership or leasing costs us	sing IRS Local Stand	lard		\$	496		
13b.	Average monthly payment for Do not include costs for lease		Vehicle 1.					
	To calculate the average mor amounts that are contractually after you filed for bankruptcy.	ly due to each secure		aths				
	Name of each creditor for \	Vehicle 1	Average monthly payment					
	SANTANDER		\$540					
			+ \$					
	Total average	e monthly payment	\$540	Copy here→	<b>-</b> \$	540	Repeat this amount on line 33b.	
13c	Net Vehicle 1 ownership or lea	ase expense					Copy net	
;	Net Vehicle 1 ownership or lea Subtract line 13b from line 13a	a. If this amount is les				496	Copy net Vehicle 1 expense here	\$
Vehic	Subtract line 13b from line 13a	a. If this amount is les				496	Vehicle 1 expense	\$
Vehic	Subtract line 13b from line 13a	a. If this amount is les	lard			496	Vehicle 1 expense	\$
Vehic	Subtract line 13b from line 13a  cle 2 Describe Vehicle 2:  Ownership or leasing costs us	a. If this amount is les	lard			496	Vehicle 1 expense	\$
Vehic	Subtract line 13b from line 13a  cle 2 Describe Vehicle 2:  Ownership or leasing costs us  Average monthly payment for	a. If this amount is les	lard			496	Vehicle 1 expense	\$
Vehic	Subtract line 13b from line 13a  cle 2 Describe Vehicle 2:  Ownership or leasing costs up  Average monthly payment for Do not include costs for lease	a. If this amount is les	lard/ Vehicle 2.			496	Vehicle 1 expense	\$
Vehic	Subtract line 13b from line 13a  cle 2 Describe Vehicle 2:  Ownership or leasing costs up  Average monthly payment for Do not include costs for lease	a. If this amount is les	lard/ Vehicle 2.			496	Vehicle 1 expense	\$
Vehic	Subtract line 13b from line 13a  cle 2 Describe Vehicle 2:  Ownership or leasing costs up  Average monthly payment for Do not include costs for lease	a. If this amount is les	lard/ Vehicle 2.			496	Vehicle 1 expense here	\$
Vehic	Subtract line 13b from line 13a  cle 2 Describe Vehicle 2:  Ownership or leasing costs us  Average monthly payment for Do not include costs for lease  Name of each creditor for V	a. If this amount is les	lard/ Vehicle 2.			496	Vehicle 1 expense	\$
13d. 13e.	Subtract line 13b from line 13a  cle 2 Describe Vehicle 2:  Ownership or leasing costs us  Average monthly payment for Do not include costs for lease  Name of each creditor for V	a. If this amount is less as a sing IRS Local Stand or all debts secured by ed vehicles.  Vehicle 2	lard/ Vehicle 2.	Сору			Vehicle 1 expense here	\$
13d. 13e.	Subtract line 13b from line 13a  cle 2 Describe Vehicle 2:  Ownership or leasing costs us  Average monthly payment for Do not include costs for lease  Name of each creditor for N	a. If this amount is less as a second of the second of the secured by the secured by the second of the secured by the second of	Average monthly	Copy here →	\$	496	Repeat this amount on line 33c.  Copy net	\$\$

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Debtor 1	DANITA SMITH	Case number (if known)	
	First Name Middle Na	ne Last Name	
Other	Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.	
		the following into dategories.	
en pa	nployment taxes, Social S y for these taxes. Howev	nount that you will actually owe for federal, state and local taxes, such as income taxes, self- ecurity taxes, and Medicare taxes. You may include the monthly amount withheld from your er, if you expect to receive a tax refund, you must divide the expected refund by 12 and ne total monthly amount that is withheld to pay for taxes.	\$0
Do	not include real estate,	ales, or use taxes.	
	voluntary deductions: T ion dues, and uniform co	he total monthly payroll deductions that your job requires, such as retirement contributions,	•
Do	not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$0
tog	gether, include payments	onthly premiums that you pay for your own term life insurance. If two married people are filing that you make for your spouse's term life insurance. Do not include premiums for life nts, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	s0
19. <b>C</b> c	ourt-ordered payments:	The total monthly amount that you pay as required by the order of a court or administrative	
ag	ency, such as spousal or	child support payments.	s 0
Do	not include payments or	past due obligations for spousal or child support. You will list these obligations in line 35.	Ψ
20. <b>E</b> c	lucation: The total month	ly amount that you pay for education that is either required:	
	as a condition for your jol		s 0
•	for your physically or me	tally challenged dependent child if no public education is available for similar services.	\$
21. <b>C</b> l	ildcare: The total month	y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.	_
		any elementary or secondary school education.	\$0
is he	required for the health an alth savings account. Inc	enses, excluding insurance costs: The monthly amount that you pay for health care that d welfare of you or your dependents and that is not reimbursed by insurance or paid by a ude only the amount that is more than the total entered in line 7. ce or health savings accounts should be listed only in line 25.	\$0
yo se is	u and your dependents, s rvice, to the extent neces not reimbursed by your e	• •	+ \$0
ex	not include payments fo penses, such as those re	basic home telephone, internet and cell phone service. Do not include self-employment borted on line 5 of Official Form 122A-1, or any amount you previously deducted.	
24 4	ld all af the averages of	laurad under the IDC europea elleuropea	0000
	d lines 6 through 23.	lowed under the IRS expense allowances.	\$ 3636
	a mice o among i zo.		

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Pg 93 of 100 DANITA SMITH Case number (if known) Debtor 1 **Additional Expense Deductions** These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance Health savings account Copy total here Tota! Do you actually spend this total amount? ✓ No. How much do you actually spend? ☐ Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will 0 continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. 0 You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. \* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

Official Form 122A-2

Add lines 25 through 31.

32. Add all of the additional expense deductions.

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Debtor 1	DANITA SMITH			Case no	umber (if known)		-	
	First Name Middle Name	Last Name	and the State of t		rama sa asan na sakan na sakahan sana da kan kan sana di kan sana Manyadi kidahan		***********	
Deducti	ons for Debt Payment							
33. For o	debts that are secured by a s, and other secured debt, t	n interest in property that fill in lines 33a through 33	you own, inclu e.	ding home mo	ortgages, vehicle			
То са	alculate the total average more tor in the 60 months after you	nthly payment, add all amou	ints that are con	tractually due to	o each secured			
	Mortgages on your home	:			Average monthly payment			
33a.	Copy line 9b here			······	\$50	0		
	Loans on your first two ve	ehicles:						
33b.	Copy line 13b here.			······································	\$54	0		
33c.	Copy line 13e here			······ →	\$			
33d.	List other secured debts:					_		
	Name of each creditor for o secured debt	other Identify proper secures the de		Does payment include taxes or insurance?				
				□ No □ Yes	\$			
				☐ No				
			· · · · · · · · · · · · · · · · · · ·	☐ Yes	\$			
				□ No □ Yes	+ \$			
	-1-1			_ 100	s 104	∩ Copy total		404
33e. I	otal average monthly paymer	nt. Add lines 33a through 33	G		\$104	here-	\$	104
34. Are a	ny debts that you listed in l her property necessary for	line 33 secured by your pr	imary residence	e, a vehicle,				
	o. Go to line 35.	,	one or <b>,</b> our wop					
	es. State any amount that yo	ossession of your property	addition to the p (called the <i>cure</i>	ayments amount).				
	Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount			
			\$	÷ 60 =	\$	-		
			\$	_ ÷ 60 =	\$	_		
			\$	÷ 60 =	+ \$	_		
				Total	\$	Copy total	\$	
35. <b>Do</b> yo	ou owe any priority claims s	such as a priority tax, chil	d support, or a	limony —	Вочения его почения обтобления в вочения почения в вочения в в в в в в в в в в в в в в в в в в в	med		
	o. Go to line 36.	date of your bankruptcy	ase? 11 U.S.C	§ 507.				
	es. Fill in the total amount of	all of these priority claims. E	o not include co	ırrent or				
		uch as those you listed in lin						
	rotar amount or all past-0	due priority claims		••••••	· \$	÷ 60 =	\$	

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Debtor 1	DANITA SMITH	Ca	ase number (if known)	
	First Name Middle Name Last Name			
For	e you eligible to file a case under Chapter 13? 11 U.  r more information, go online using the link for Bankrup tructions for this form. Bankruptcy Basics may also be	tcy Basics specified in the se	eparate clerk's office.	
	No. Go to line 37.			
	/es. Fill in the following information.			
	Projected monthly plan payment if you were filing	under Chanter 13	\$	
	Current multiplier for your district as stated on the		Ψ	
	Administrative Office of the United States Courts ( North Carolina) or by the Executive Office for Unit other districts).	(for districts in Alabama and	x	
	To find a list of district multipliers that includes you link specified in the separate instructions for this favailable at the bankruptcy clerk's office.			
	Average monthly administrative expense if you we	ere filing under Chapter 13	\$\$ Copy total here \$	
37. <b>Add</b> Add I	all of the deductions for debt payment. lines 33e through 36		\$	0
Total De	eductions from Income			
38. <b>Add</b> a	all of the allowed deductions.			
	line 24, All of the expenses allowed under IRS nse allowances	\$3636		
Сору	line 32, All of the additional expense deductions	\$		
Copy	line 37, All of the deductions for debt payment	+\$	overg	
	Total deductions	\$3636	Copy total here \$	36
Part 3:	Determine Whether There Is a Presumpti	on of Abuse		
39. Calc	ulate monthly disposable income for 60 months			
39a.	Copy line 4, adjusted current monthly income	\$		
39b.	Copy line 38, Total deductions	<b>-</b> \$3636		
39c.	Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a.	\$1136	Copy here → \$ -1136	
	For the next 60 months (5 years)		x 60	
			-68160 Copy	
39d.	Total. Multiply line 39c by 60.		\$ -68160 Copy here→	-6816
40. <b>Find</b>	out whether there is a presumption of abuse. Chec	k the box that applies:		
	The line 39d is less than \$8,175*. On the top of page Part 5.	1 of this form, check box 1, 7	There is no presumption of abuse. Go to	
•			There is a presumption of above New	
Оτ	The line 39d is more than \$13,650*. On the top of pag nay fill out Part 4 if you claim special circumstances. The		z, There is a presumption of abuse. You	
<b>П</b> т		nen go to Part 5.	z, There is a presumption of abuse. You	

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ebtor 1	DANITA SMITH	Case number (if	known)					
	First Name Middle Name Last Name	<u> </u>	·					
41. 41a.	Summary of Your Assets and Liabilities and Certain Statis	Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules Official Form 106Sum), you may refer to line 3b on that form						
	(		<b>Ф</b>	<del></del>				
			x .25	-				
41b	25% of your total nonpriority unsecured debt. 11 U.S.		•	Сору	\$			
	Multiply line 41a by 0.25.		L	—— here→				
is er	ermine whether the income you have left over after subt nough to pay 25% of your unsecured, nonpriority debt. ck the box that applies:	racting all allowed deductions						
	<b>Line 39d is less than line 41b.</b> On the top of page 1 of this Go to Part 5.	form, check box 1, There is no pres	umption of abo	ıse.				
	Line 39d is equal to or more than line 41b. On the top of portion of abuse. You may fill out Part 4 if you claim special circums		ere is a presun	nption				
rt 4:	Give Details About Special Circumstances							
Do you l reasona	have any special circumstances that justify additional eable alternative? 11 U.S.C. $\S$ 707(b)(2)(B).	expenses or adjustments of currer	it monthly inc	come for which t	here is no			
■ No.	Go to Part 5.							
☐ Yes.	Fill in the following information. All figures should reflect yo for each item. You may include expenses you listed in line	our average monthly expense or inco 25.	me adjustmen	t				
	You must give a detailed explanation of the special circums adjustments necessary and reasonable. You must also givexpenses or income adjustments.							
	Give a detailed explanation of the special circumstances			onthly expense adjustment				
		1740	\$					
			\$					
			\$					
			_					
			\$					
rt 5:	Sign Below							
<u> </u>								
	By signing here, I declare under penalty of perjury that the	information on this statement and in	any attachme	nts is true and cor	rect.			
	×	<b>*</b>						
	Signature of Debtor 1	Signature of Debtor 2			-			
	10/02/2019							
	Date MM/DD /YYYY	Date						

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UNITED STATES BANKRUPTCY COURT

		EASTERN DISTRICT OF MISSOURIDIVISION	
In re	DEBTOR NAME,	) ) Case No	
	Debtor(s).	) Chapter <b>7</b>	

#### Verification of Creditor Matrix

Joint Debtor

The above named debtor(s) hereby certifies/certify under penalty of perjury that the attached list containing the names and addresses of my creditors (Matrix), consisting of page(s) and is true, correct and complete.

Debtor

Dated: 0017015

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DISTRICT Pg 98 of 100
PO BOX 437
ST.LOUIS, MO 63166

SHOW ME SERVICE CEMTER 1333 N SPRIGG ST CAPE GIRARDEAU, MO 63701

FORWARD FINANCING 100 SUMMER ST 11TH FLOOR BOSTON, MA 02110

AMERICAN EXPRESS PO BOX 981537 EL PASO, TX 7998

JUSTINE PETERSEN HOUSING 1023 N GRAND BV SAINT LOUIS, MO 63106

PLAIN GREEN LLC 93 MACK ROAD SUITE 600 PO BOX 270 BOX ELDER, MT 59521

NAVIENT PO BOX 9655 WILKES BARRE, PA 18773

ANHEUSER-BUSH EMPLOYEES 1001 LYNCH SAINT LOUIS, MO 63118

SUN LOAN 9855 ST CHARLES ROAD SAINT ANN, MO 63074

MOBILOANS LLC PO BOX 1409 MARKSVILLE, LA 71351 FORT WORTH, TX 76109

IL STUDENT COMM 1755 LAKE COOK RD DEERFIELD, IL 60015

CITIMORTGAGE PO BOX 6243 SIOUX FALLS, SD 57117

NC FINANCIAL 175 W JACKSON BV 1000 CHICAGO, IL 60604

SANTANDER CONSUMER USA PO BOX 961211 FORT WORTH, TX 76161

CALIBER HOME LOANS 715 S METROPOLITAN AVE OKLAHOMA CITY, OK 73108

CAPITAL ONE BANK USA NA PO BOX 30281 SALT LAKE CITY, UT 84130

EMONEY USA HOLDINGS LLC 8700 STATE LINE RD 350 LEAWOOD, KS 66206

ALOIRAV, LLC BDA BASIX 6636 HOLLYWOOD BV LOS ANGELES, CA 90028

ONE MAIN FINANCIAL PO BOX 1010 EVANSVILLE, IN 47706 CITIFINANCIAL PO BOX 6217 SIOUX FALLS, SD 57117

CITIFINANCIAL AUTO PO BOX 6217 SIOUX FALLS, SD 57117

ACCOUNT RESOLUTION CORPO 700 GODDARD AVE CHESTERFIELD, MO 63005

NCB MANAGMENT SERVICES 1 ALLIED DR TREVOSE, PA 19053

CREDIT COLLECTION SOLUTION 2921 BROWN TRL 100 BEDFORD , TX 76021

TRANSWORLD SYSTEM INC 1105 SCHROCK ROAD SUITE 300 COLUMBUS, OH 43229

SPECIFIED CREDIT ASSOCIATION, INC 2388 SCHUETZ SUITE: A-100 ST.LOUIS, MO 63146

BJC HEALTH CARE PO BOX 953798 ST.LOUIS, MO 63195

WASHINGTON UNIVERSITY PHYSICIANS PO BOX 505462 ST.LOUIS, MO 63150